



1025 MARTINSBURG PIKE
WINCHESTER VA 22603
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APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

DATE SOCIAL SECURITY/DRIVERS #

NAME

LAST FIRST MIDDLE

PRESENT ADDRESS

STREET CITY STATE ZIP

PHONE NO:

REFERRED BY: ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? YES NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHEN?

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO

ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION? YES NO

WILL YOU WORK OVERTIME IF REQUIRED? YES NO IF NO PLEASE EXPLAIN:

HAVE YOU PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME? YES NO IF YES, PLEASE PROVIDE DATE(S) AND DETAILS:

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

VALID DRIVER'S LICENSE /IDENTIFICATION NUMBER:

EDUCATION

| | NAME AND LOCATION OF SCHOOL | CIRCLE LAST YR COMPLETED | DID YOU GRADUATE | SUBJECTS STUDIED AND DEGREES RECEIVED |
|---|-----------------------------|--------------------------------|---|---|
| GRAMMAR SCHOOL | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HIGH SCHOOL | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | 1 2 3 4 | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

JOB RELATED SKILLS:

FORMER EMPLOYERS: LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY (UPON LEAVING) | POSITION | REASON FOR LEAVING |
|------------------------|---------------------------------|--------------------------|----------|-----------------------|
| FROM: | | | | |
| TO: | | | | |
| FROM: | | | | |
| TO: | | | | |
| FROM: | | | | |
| TO: | | | | |
| FROM: | | | | |
| TO: | | | | |

REFERENCES: LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | POSITION | YEARS ACQUAINTED |
|------|---------|----------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

IF YOU ARE TO BE HIRED BY THIS COMPANY, YOU WILL BE REQUIRED TO ATTEST TO YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY, AND TO PRESENT DOCUMENTS CONFIRMING YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY. YOU CANNOT BE HIRED IF YOU CANNOT COMPLY WITH THESE REQUIREMENTS.

AUTHORIZATION:

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT, OMISSION, OR MISREPRESENTATION ON THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO HIRE, OR DISMISSAL IF I HAVE BEEN EMPLOYED, NO MATTER WHEN DISCOVERED BY THE COMPANY.

I UNDERSTAND THAT ANY EMPLOYMENT IS CONDITIONED ON A BACKGROUND CHECK. I AUTHORIZE THE COMPANY TO THOROUGHLY INVESTIGATE ALL STATEMENTS CONTAINED IN MY APPLICATION OR RESUME, AND I AUTHORIZE MY FORMER EMPLOYERS AND REFERENCES TO DISCLOSE INFORMATION REGARDING MY FORMER EMPLOYMENT, CHARACTER AND GENERAL REPUTATION TO THE COMPANY, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I RELEASE THE COMPANY, ANY FORMER EMPLOYERS AND ALL REFERENCES LISTED ABOVE FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT. I FURTHER UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT WILL BE "AT WILL" AND WITHOUT FIXED TERM, AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE COMPANY UNLESS MADE IN WRITING.

IF I AM OFFERED EMPLOYMENT I AGREE TO SUBMIT TO A MEDICAL EXAMINATION AND DRUG TEST BEFORE STARTING WORK. IF EMPLOYED, I ALSO AGREE TO SUBMIT TO A MEDICAL EXAMINATION OR DRUG TEST AT ANY TIME DEEMED APPROPRIATE BY THE COMPANY AND AS PERMITTED BY LAW. I CONSENT TO SUCH EXAMINATION AND TESTS, AND I REQUEST THAT THE EXAMINING DOCTOR DISCLOSE TO THE COMPANY THE RESULTS OF THE EXAMINATION, WHICH RESULTS SHALL REMAIN CONFIDENTIAL AND SEGREGATED FROM MY PERSONNEL FILE. I UNDERSTAND THAT MY EMPLOYMENT OR CONTINUED EMPLOYMENT, TO THE EXTENT PERMITTED BY LAW, IS CONTINGENT UPON SATISFACTORY MEDICAL EXAMINATIONS AND DRUG TEST, AND IF I AM HIRED, A CONDITION OF MY EMPLOYMENT WILL BE THAT I ABIDE BY THE COMPANY'S DRUG AND ALCOHOL POLICY.

I UNDERSTAND THAT FILLING OUT THIS FORM DOES NOT INDICATE THERE IS A POSITION OPEN AND DOES NOT OBLIGATE THE COMPANY TO HIRE. IF HIRED, I AGREE TO ABIDE BY ALL COMPANY WORK RULES, POLICIES AND PROCEDURES. THE COMPANY RETAINS THE RIGHT TO REVISE ITS POLICIES OR PROCEDURES, IN WHOLE OR PART, AT ANY TIME.

DATE:

SIGNATURE:
