DHRM Form 10-012 (Rev. 3/09)

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Position number _____

Commonwealth of Virginia

An Equal Opportunity Employer

Application for Employment

Send this application directly to the agency announcing the vacancy.

Employees of the Commonwealth and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____ (one per application) 2. Agency _____

3. Full legal name _____ (Last / First / Middle) 5. Home Phone ( ) _____

4. Address _____ 6. Business Phone ( ) _____

_____ (City / State / Zip) 7. E-mail Address _____

8. **EDUCATION**

a. Check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐ 11 ☐12

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No

c. Check number of years of post high school education ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐ 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1.					
2.					
3.					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. **EXPERIENCE** — *Use Supplementary Experience Form(s) for additional space.* Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ☐ Yes ☐ No

a. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____ Phone _____
Type of employment _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time Part-time Hours/week
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____ Phone _____
Type of employment _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time Part-time Hours/week
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____
_____ Phone _____
Type of employment _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing hardware/software: _____

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

10. **REFERENCES**
List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. **MISCELLANEOUS**

a. Check which shift you will accept: ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends Specify shift hours _____

b. Check all Employment status you will accept: ☐ Full-time ☐ Part-time ☐ Hourly/Wage ☐ Weekends If Part-Time, (specify):

c. Are you willing to accept employment which requires you to travel? ☐ No ☐ Yes. If yes, ☐ During the day only, ☐ Occasionally overnight, ☐ Frequently overnight, ☐ Weekends.

d. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____

e. Are you willing to provide your own transportation if necessary for your employment? ☐ Yes ☐ No.

f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ☐ Yes ☐ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

g. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? ☐ Yes ☐ No.
If no, state reason:

h. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active- duty in the armed forces of the United States or reserve components thereof, including the National the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?
☐ Yes ☐ No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? ☐ Yes ☐ No

i. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No If YES, please provide the following:
Description of offense:
Statute or ordinance (if known): Date of Charge: ; Date of Conviction
County, City, State of Conviction:
(For additional convictions use plain paper. Include all information listed above.)

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged. A conviction does not automatically disqualify you from all jobs. A conviction will be judged on its own merits with respect to time, circumstances, seriousness, and the extent to which it is related to the job for which you are applying.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
___ Month ___ Day ___ Year

13. **CERTIFICATION**--*Each Application Requires Current Date and Original Signature*
I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ **Applicant Signature** _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- ☐ *White (includes Arabian)*
- ☐ *Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)*
- ☐ *Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)*
- ☐ *Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)*
- ☐ *American Indians (includes Alaskans)*

Check the block for the highest level of education you have completed (check only one):

- ☐ *Less than 8th grade*
- ☐ *Completed 8th grade*
- ☐ *Attended high school*
- ☐ *High school graduate or equivalent*
- ☐ *Attended college and/or associate degree*
- ☐ *College graduate*
- ☐ *Attended graduate school*
- ☐ *Master's degree*
- ☐ *Graduate study beyond master's requirements*
- ☐ *Ph.D. or professional degree*

Check the appropriate block:

- ☐ *Female*
- ☐ *Male*

Please indicate your date of birth: __/__/__

Position applied for: _____

Position number: _____

FOR OFFICE USE ONLY

EEO Category: _____

How did you find out about this employment opportunity?

- ☐ Newspaper*
- ☐ Radio/TV*
- ☐ VEC
- ☐ State RECRUIT system
- ☐ Agency Bulletin Board
- ☐ Other (please specify)

_____

*specify name of newspaper or other media

_____

Supplementary Experience Form

Name ______ **Position Applied For** ______
Announcement Number ______

Job Title ______ **Duties:** ______
Employer ______
Address ______
______ Phone ______
Type of business ______
Immediate supervisor ______
Title ______ Number and titles of employees you supervised ______
Salary (start) ______ (finish) ______ Equipment used ______
Dates (mo/yr) ______ to (mo/yr) ______ Reason for leaving ______
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ______

Job Title ______ **Duties:** ______
Employer ______
Address ______
______ Phone ______
Type of employment ______
Immediate supervisor ______
Title ______ Number and titles of employees you supervised ______
Salary (start) ______ (finish) ______ Equipment used ______
Dates (mo/yr) ______ to (mo/yr) ______ Reason for leaving ______
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ______

Job Title ______ **Duties:** ______
Employer ______
Address ______
______ Phone ______
Type of employment ______
Immediate supervisor ______
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Salary (start) ______ (finish) ______ Equipment used ______
Dates (mo/yr) ______ to (mo/yr) ______ Reason for leaving ______
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ______

Job Title ______ **Duties:** ______
Employer ______
Address ______
______ Phone ______
Type of employment ______
Immediate supervisor ______
Title ______ Number and titles of employees you supervised ______
Salary (start) ______ (finish) ______ Equipment used ______
Dates (mo/yr) ______ to (mo/yr) ______ Reason for leaving ______
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ______

Job Title ______ **Duties:** ______
Employer ______
Address ______
______ Phone ______
Type of employment ______
Immediate supervisor ______
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Full-time ___ Part-time ___ Hours/week ___ Your name if different from present ______

DHRM Form 10-012A(Rev /09) Attachment Number

Supplementary Experience Form

Name _____ **Position Applied For** _____
Announcement Number _____

Job Title _____ **Duties:** _____
Employer _____
Address _____
_____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
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Job Title _____ **Duties:** _____
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Address _____
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Job Title ____________________ **Duties:** ____________________
Employer ____________________
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Job Title ____________________ **Duties:** ____________________
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Job Title ____________________ **Duties:** ____________________
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Address ____________________
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____________________ Phone ____________________
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