

Commonwealth of Virginia



Send this application directly to the agency announcing the vacancy.

Please print in ink (preferably black) or use typewriter

An Equal Opportunity Employer

Number of attachments _____

Position number _____

Application for Employment

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 _____ 2. Agency Patrick Henry Community College
(one per application)

3. SS# Not Required XXXXXXXXXXXXXXXXXXXXXXXXXXXX
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____ 6. Home Phone () _____
Last First Middle

5. Address _____ 7. Business Phone () _____

8. E-mail Address _____
City State Zip

9. 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: _____

10. **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 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 _____

b. **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 _____

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

SS# Not Required
Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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 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 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 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 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

Supplementary Experience Form

SS# Not Required
Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Position Applied For
Announcement Number

Job Title
Employer
Address

Duties:

Phone

Type of business
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

Job Title
Employer
Address

Duties:

Phone

Type of business
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

Job Title
Employer
Address

Duties:

Phone

Type of business
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

Job Title
Employer
Address

Duties:

Phone

Type of business
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

Job Title
Employer
Address

Duties:

Phone

Type of business
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

| | |
|--|---|
| 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 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 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 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 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 _____ |