

Employment Application

				Date	
Name	Last	First	Middle	Maiden	
Present Address	Number Street		City	State	Zip
Social Security Number	r		City	State	Ътр
Telephone ()		_			
If under 18, please list a	age	_			
and salary desired (2) _ (be specific)) ou work weekly?		Days/hours ava Monday Tuesday Wednesday Thursday Friday Saturday Sunday Holidays _ Can you work		
Employment desired	Full-Time Only	Part-Time	e Only	Full Or P	art-Time
If hired, on what date co	ould you start work?				

3509 Bridge Rd. Suffolk, Virginia 23435 Office 757-484-0202 Fax 757-484-0222 bchomeawayfromhome@verizon.net

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Type of School	Name of School	Location (Complete mailing address)	Numbers of Years Completed	Major & Degree
School	Traine of School	(complete maning address)	Completed	Major & Degree
		_NoYes check?NoYe fence(s) leading to conviction(s), how		fence(s) was/were committed.
Are you willing to	submit to random drug testing?	NoYes		
Have you ever file	ed a Worker's Compensation claim	n or are currently out on disability?	No	Yes
Are you able to lif	ft 50 lbs?No	_Yes		
Do you have a dri	ver's License?	NoY	les	
What is your mean	ns of transportation to work?			
Driver's license n State of issue Expiration date	umber			
Typing Personal Compu Word Processing	iter No	_ Yes WPM _ Yes WPM		
Other Skills				
Please list two re	eferences other than relatives or	r previous employers.		
Name		Name		
Position		Position		
Company		Company		
Address		Address		
Telephone () _		Telephone ()		

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer						
Address	Number	Street		City	State	Zip
Phone Number ()_				;		r
Name of last superviso	r			Your last job title		
Employment dates:	To From		Pay or salary:	Start Finish		
Reason for leaving (be	specific)					
List the job duties perfe	ormed, skills u	ised or lear	rned, advanceme	nts or promotions whil	e you work a	t this company:

PLEASE PRINT ALL INFORMATION REQUESTI EXCEPT SIGNATURE	ED					
Name of employer						
Address	Number	Street		City	State	Zip
Phone Number ()_				City	Bute	Шp
Name of last superviso)r			Your last job title _		
Employment dates:	To From		Pay or salary:	Start Finish		
Reason for leaving (be	e specific)					
List the job duties perf	formed skills	used or lea	rned advanceme	nts or promotions wh	ile vou work a	t this company.
Name of employer						
Address						
	Number	Street		City	State	Zip
Phone Number ()_						
Name of last supervise	or			Your last job title _		
Employment dates:	То		Pay or salary:	Start		
	From			Finish		
Reason for leaving (be	specific)					
List the job duties perf	formed, skills	used or lear	rned, advanceme	nts or promotions wh	ile you work at	t this company:
I have read and compl						
Signature:				Dat	te:	

APPENDIX A

Your signature on this document acknowledges that you have applied for employment with Bennetts Creek's Home Away From Home and authorizes Bennetts Creek's Home Away From Home to contact prior employers, other references that you have provided, and references developed as part of the selection process.

Consent and Authorization to Release Information

I have applied for employment with Bennetts Creek's Home Away From Home. My signature below authorizes you to release the contents of my employment record with your organization, whether negative or positive.

I further consent to allow Bennetts Creek's Home Away From Home to obtain any and all information concerning my former/ current employment with your organization. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment with your organization required in connection with application for employment with Bennetts Creek's Home Away From Home.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective a release or consent as the original which I signed.

Signature of Applicant

Printed Name of Applicant

Signature of Witness

Title

Date

Date