

## Strengthening Our System, Inc.

Email: [hr@sosforlife.com](mailto:hr@sosforlife.com)  
an equal opportunity employer

# Application for Employment

Employees 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.

Position Applying for \_\_\_\_\_ Social Security Number \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
Last First Middle

Home Phone \_\_\_\_\_ Business/cell phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street address/mailling address City / State / Zip code

## Education

Check the highest grade completed:  1  2  3  4  5  6  7  8  9  10  11  12  13

Year completed \_\_\_\_\_

If you did not complete high school do you have a high school equivalency diploma  yes  no

Date Received \_\_\_\_\_

Name & Location of Educational Institution	Degree Received	Major	Minor	Dates Attended

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

## Technology Experience

(a "no" answer in this section will not disqualify you for work, this information is needed as we consider new data systems)

What computer experience do you have:  None  Beginner  Moderate

Do you have a personal computer?  YES  NO Do you have a smart phone?  YES  NO

## Experience

Starting with the most recent, describe all paid, military, and applicable volunteer experience. May we contact your present supervisor?  yes  no

Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Title of Supervisor \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Fulltime  part time  hours per week \_\_\_\_\_ # and title of employees you supervised \_\_\_\_\_  
 Duties:

Equipment/software used \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Your name if different from Present \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Title of Supervisor \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Fulltime  part time  hours per week \_\_\_\_\_ # and title of employees you supervised \_\_\_\_\_  
 Duties:

Equipment/software used \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Your name if different from Present \_\_\_\_\_

*(Attach the optional Supplemental Experience Form for additional relevant employment history if desired)*

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

**License** *(including Driver's)*, certificate or other authorization to practice a trade or profession

Name of license	License Number	Expiration Date	Granted by <i>(licensing Board)</i>

### References

List names, addresses and relationships of **three professional SUPERVISORS not related to you** (not friends, family or co-workers). These references should be persons who have supervised you and who know your qualifications:

Name	Address	Phone	Relationship

### Miscellaneous

Check which shift you will accept:  day  evening  night  rotating  weekends  
 specify shift hours preferred \_\_\_\_\_

Check which job status you would accept?  full time  part time (specify)\_\_\_\_\_

Are you willing to accept employment which requires travel?  yes  no

Are you able to provide your own transportation for employment?  yes  no

Check geographic locations in which you are willing to work.

#### Floyd and surrounding area

New River Valley (check all that apply)  Floyd  Montgomery  Radford  Pulaski  Giles County

Roanoke Valley (check all that apply)  Salem  Roanoke City  Vinton  Other

Piedmont Area (check all that apply)  Franklin County  Henry County  Patrick County

#### Richmond and surrounding area

Richmond Area (check all that apply)  Richmond  Hanover  Southside

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 \_\_\_\_\_ Statue or Ordinance if known \_\_\_\_\_

Date of charge \_\_\_\_\_ Date of conviction \_\_\_\_\_

County, City and State of conviction \_\_\_\_\_

*\*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.*

When will you be available to work? \_\_\_ month \_\_\_ day \_\_\_year

#### **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 this agency. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize this agency to rely upon and use, as it sees fit, any information received from such contracts. Information contained on this application bay be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for god cause shown as determined by the agency director or designee.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Supplemental Experience Form

(If you choose to complete this form please attached your application for employment)

Social Security number \_\_\_\_\_ Position applying for \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title of Supervisor \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Fulltime \_\_\_\_ part time \_\_\_\_ hours per week \_\_\_\_\_ # and title of employees you supervised \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

Equipment/software used \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Your name if different from Present \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title of Supervisor \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

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Duties \_\_\_\_\_  
\_\_\_\_\_

Equipment/software used \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Your name if different from Present \_\_\_\_\_

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Duties \_\_\_\_\_  
\_\_\_\_\_

Equipment/software used \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Your name if different from Present \_\_\_\_\_