

Strengthening Our System, Inc.
464 Christiansburg Pike
Floyd, VA 24091
Phone: 540-585-4078 Fax: 540-745-6710
Email: sos@swva.net
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/ mailing address City State Zipcode

Education

Circle 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 and 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

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) _____
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(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 (licensing Board)

References: list names addresses and relationships of two persons not related to you 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.
 New River Valley (check all that apply) ___ Floyd ___ Montgomery ___ Radford ___ Pulaski ___ Giles County
 Roanoke Valley (check all that apply) ___ Salem ___ Roanoke City ___ Vinton ___ Other

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 fie, 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) _____
Fulltime _____ part time _____ hours per week _____ # and title of employees you supervised _____
Duties _____

Equipment/software used _____
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