



**EMPLOYMENT APPLICATION**

WorkSource Enterprises  
1311 Carlton Avenue  
Charlottesville, VA 22902  
(434) 972-1730  
(434) 972-7412 (fax)  
www.worksourceva.org

WorkSource Enterprises is an equal opportunity employer, committed to nondiscrimination in recruitment, selection, hiring, pay, promotion, retention or other personnel actions affecting employees or candidates for employment. Discrimination in employment against any person on the basis of sex, gender, race, color, national origin, disability, religion, ancestry, age, marital or veteran's status, physical or mental, genetic information, sexual orientation, gender identity or expression, political affiliation, disability or any classification protected by applicable law is prohibited. Personnel decisions are based on merit and the ability to perform the essential functions of the job, with or without reasonable accommodation.

This application will be given complete consideration, but its receipt does not imply that the applicant will be offered employment. WorkSource performs a criminal history record search and sex offender registration record search on all new hires.

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**PERSONAL DATA**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ Area Code Number     Email: \_\_\_\_\_

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**POSITION(S) FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

Type of work desired:    \_\_\_ Full-time    \_\_\_ Part-time    \_\_\_ Temporary

Date available to start work: \_\_\_\_\_

Referred by: \_\_\_\_\_

**GENERAL INFORMATION**

<p>1. Have you ever applied for a job with WorkSource in the past? If yes, please give the date of the application and the position for which you applied. Please provide your name at that time, if different from present name.</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Have you ever been employed by WorkSource in the past? If yes, please give the dates of employment, position(s) held, and provide your name while employed, if different from present name.</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>3. If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying? If no, please explain.</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>4. Do you have any commitments to another employer that might affect your employment with WorkSource? If yes, please explain.</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>5. If hired, can you furnish proof that you are eligible to work in the United States? If no, please explain.</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>6. Do you need any special accommodation(s) for any disabilities to satisfactorily perform the job(s) for which you are applying? If yes, please explain.</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>7. Do you have any experience from your military service that would be relevant to the job(s) for which you are applying? If yes, please explain.</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>8. Do you have any language abilities (such as reading or speaking a foreign language, including sign language) that might help you to perform the job(s) for which you are applying? If yes, please explain.</p> <p>_____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## EMPLOYMENT HISTORY

<p>PRESENT &amp; FORMER EMPLOYERS List most recent first</p>	<p>MAY WE CONTACT YOUR CURRENT EMPLOYER?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Company Name:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Supervisor and phone number:</p>	<p>Job title and duties:</p> <p>Dates of employment: ___/___/___ to ___/___/___</p> <p>Reason(s) for leaving:</p> <p>Your name when employed, if different from present name:</p>
<p>Company Name:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Supervisor (and phone number if known):</p>	<p>Job title and duties:</p> <p>Dates of employment: ___/___/___ to ___/___/___</p> <p>Reason(s) for leaving:</p> <p>Your name when employed, if different from present name:</p>
<p>Company Name:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Supervisor (and phone number if known):</p>	<p>Job title and duties:</p> <p>Dates of employment: ___/___/___ to ___/___/___</p> <p>Reason(s) for leaving:</p> <p>Your name when employed, if different from present name:</p>
<p>Company Name:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Supervisor (and phone number if known):</p>	<p>Job title and duties:</p> <p>Dates of employment: ___/___/___ to ___/___/___</p> <p>Reason(s) for leaving:</p> <p>Your name when employed, if different from present name:</p>

<p>Company Name:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Supervisor (and phone number if known):</p>	<p>Job title and duties:</p> <p>Dates of employment: ___/___/___ to ___/___/___</p> <p>Reason(s) for leaving:</p> <p>Your name when employed, if different from present name:</p>
<p>Company Name:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Supervisor (and phone number if known):</p>	<p>Job title and duties:</p> <p>Dates of employment: ___/___/___ to ___/___/___</p> <p>Reason(s) for leaving:</p> <p>Your name when employed, if different from present name:</p>
<p>Company Name:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Supervisor (and phone number if known):</p>	<p>Job title and duties:</p> <p>Dates of employment: ___/___/___ to ___/___/___</p> <p>Reason(s) for leaving:</p> <p>Your name when employed, if different from present name:</p>

Please account for any time you were not employed after leaving school in the past ten years (you need not list any unemployment periods of one month or less).

Time Period(s)	Reason(s) for Unemployment

If you were unable to list all past jobs or periods of unemployment on this form, please attach additional information on a blank sheet of paper.

**EDUCATION**

<b>Schools Attended</b>	<b>Name of School and Location</b>	<b>Did you graduate?</b>	<b>Degree/ Diploma/ Certificate</b>	<b>Grade Point Average</b>	<b>Major Course of Study</b>
High School					
Technical, Vocational, Business, or Military Training					
College or University					
Graduate School					
Professional Seminars					

Additional job-related seminars, short courses, workshops, or other educational experiences:

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**REFERENCES:** Please list three individuals who are not former employers or relatives.

<b>Name</b>	<b>Phone Number</b>	<b>Occupation</b>

**OTHER JOB-RELATED EXPERIENCE**

Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied, and have not been listed previously in this application. (You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability, or other personal traits that you prefer not to disclose.)

**ADDITIONAL INFORMATION**

Please add any additional information that you think may be relevant to a decision to hire you.

**IMPORTANT**

**Please carefully read and initial each paragraph before signing.**

By my signature and my initials placed below, I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered later. I agree to notify WorkSource immediately if I am convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

\_\_\_\_\_ Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize WorkSource to contact my present employer (unless otherwise noted in this application form), past employers and listed references.

\_\_\_\_\_ Initials

I authorize any person, school, current employer (except as previously noted), past employer, and organization named in this application form (and accompanying resume, if any) to provide WorkSource with relevant information and opinion that may be useful to WorkSource in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ Initials

I understand that, if hired, if my employment is terminated by the organization for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position in this organization.

\_\_\_\_\_ Initials

I understand that this application does not, by itself, create an employment contract. I understand and agree that, if hired, my employment is at-will for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time. I understand that no person is authorized to change any of the terms specified in this employment application.

\_\_\_\_\_ Initials

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This application for employment will remain active for three months.  
WorkSource is EEO/AA employer