

The Madeline Centre, Inc.

18697 Forest Rd Lynchburg, VA 24502 • PH: (434) 239-0003 • FAX: (434) 239-0181

Employment Application

Personal Information

Name (Last, First, MI)		Last Name, First Initial:
Street address		
City, State, Zip		
Home phone number	Work phone number	
Fax number	E-mail address	
Social security number	Driver's license number/state/expiration	

Employment Desired

Position applied for	
How did you hear about this position?	
Date available for work	Desired hours (full time, part time, etc.)

Education

	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma	Today's Date:
High School					
Undergraduate College					
Graduate/ Professional					
Other (Specify)					

List any seminars, classes, special training, or other education not listed above which may help qualify you for this position:

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Employment Application

Employment History

List below all present and past employers, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section or attach a resume. May we contact your current employer? YES NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
2.	Employer		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				

[PLEASE CONTINUE ON NEXT PAGE]

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Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
4.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			

[PLEASE MAKE COPIES IF NEEDED]

Employment Application

Additional Information

List any professional experiences or memberships in any business or civic activities or organizations which are relevant to this position.

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List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

PLEASE BE PREPARED TO SUBMIT TWO WRITTEN WORK REFERENCES AT TIME OF INTERVIEW.

Employment Application

Additional Information

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)" Yes No

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime as needed? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, please explain:

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of The Madeline Centre, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

DATE

SIGNATURE