

GYG Mental Health Agency Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____				
Name: _____				
Last	First	Middle Maiden		
Present address: _____				
Number	Street	City	State	Zip
How long: _____ (Years) _____ (Months) Social Security No. _____ - _____ - _____				
Telephone: (____) _____ - _____				
Position applied for: _____ & salary desired: _____				
Days/Hours Available to Work (GYG is a 24 – 7 days a week Agency)				
How many hours can you work weekly? _____ Can you work nights? _____				
Employment desired: _____ FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME				
When can you be available for work: _____				

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION Mailing Address	Years Completed	Major and Degree
High School				
College				
Bus/Trade School				
Graduate/Professional				

APPLICATION FOR EMPLOYMENT

HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY)? _____ NO _____ YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

HAVE YOU EVER BEEN CONVICTED OF A DUI? _____ NO _____ YES

If yes, explain when, where how many and the nature of your driving status:

DO YOU HAVE A VALID VIRGINIA DRIVER'S LICENSE? _____ NO _____ YES

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Operator License: _____ or Commercial (CDL): _____ or Chauffeur: _____ Expiration date: _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How Many? _____

APPLICATION FOR EMPLOYMENT

Please list three (3) references other than relatives or previous employers:

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Address: _____ Address: _____

Telephone () - Telephone () -

Please list three (3) references other than relatives or previous employers:

Name: _____

Position: _____

Company: _____

Address: _____

Telephone () -

HAVE YOU EVER BEEN IN THE ARMED FORCES? _____ Yes _____ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? _____ Yes _____ No

Specialty _____ Date Entered _____ Discharge Date _____

APPLICATION FOR EMPLOYMENT

Work Experience: 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: _____			
	City	State	Zip Code
Phone number: () - _____			
Name of last Supervisor: _____			
Employment Dates: (Start) _____		(End) _____	Pay or Salary: _____
Job Title: _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company: _____ _____			
Reason for leaving (be specific): _____			

Name of Employer: _____			
Address: _____			
	City	State	Zip Code
Phone number: () - _____			
Name of last Supervisor: _____			
Employment Dates: (Start) _____		(End) _____	Pay or Salary: _____
Job Title: _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company: _____ _____			
Reason for leaving (be specific): _____			

APPLICATION FOR EMPLOYMENT

Name of Employer: _____			
Address: _____			
	City	State	Zip Code
Phone number: ()	-		
Name of last Supervisor: _____			
Employment Dates: (Start) _____ (End) _____		Pay or Salary: _____	
Job Title: _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company: _____ _____			
Reason for leaving (be specific): _____			
Employee Reference: _____		Phone # _____	

May we contact your present employer? _____ Yes _____ No

Did you complete this application yourself? _____ Yes _____ No

If not, who did? _____

Please ensure that you have also submitted a resume along with this application.

Applicant's Name: _____

Applicant's Signature: _____