eggleston

Application for Employment

Department of Human Resources
1161 Ingleside Road
Norfolk, Virginia 23502
Phone: 757-858-8011
Fax: 757-965-6665
www.egglestonservices.org
email: jobs@egglestonservices.org

Position*:	
Site:	

□ Full Time

□ Part Time □ Temporary

rary 🛛 🛛 Seasonal/Camp

PERSONAL INFORMATION

Last Name:	First Name:		Middle Name:
Address:	Number/Street	City	State Zip Code
Telephone Number(s): Home (Social Security Number (last four o) Work () digits): XXX / XX /	Cell ()

*Eggleston only accepts applications for a specific position, when an opening exists. Applications which do not indicate a specific position, or indicate a position for which there is no opening, will be destroyed. Applications for some positions that require driving, will not be accepted without the submission of a current report from the Department of Motor Vehicles. If applying for more than one position, please list all positions for which you would like to be considered.

Date Available:	Salary	Expected: \$	per	
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U. S. Citizen or lawful authorized Alien Worker (Documentation required): UYES NO

Have you ever been convicted of or are you the subject of pending charges for any offense, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law?

\Box YES	🗆 NO	If yes, please list all cases and explain.

Convictions include <u>all</u> adult convictions <u>as well as</u> Virginia juvenile adjudication's for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

Have you ever been	employed by Eggleston?		YES		NC
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If yes, Dates: From		То		Position:	
-	(Month/Year)		(Month/Year)		

EDUCATION

Schools Attended	Name & Location	Years Completed	Did You Graduate?	Degree/Major
High School				
Undergraduate				
Graduate/Professional				
Trade/Business or Correspondence				

If you did not complete High School, do you have a High School Equivalency Diploma (GED)? 🛛 YES 🗍 NO

Eggleston's Mission Statement: Creating Education, Training and Employment Opportunities

EMPLOYMENT HISTORY/WORK EXPERIENCE

Please provide information below, listing your most recent employer first. Writing "See Resume" is not acceptable.

Name of Business:	Telephone: ()
	City State Zip Code
Job Title:	Pay Rate: per
Dates of Employment: From	To Reason for Leaving
	(Month/Year)
Name of Business:	Telephone: ()
Street Address:	City State Zip Code
Job Title:	Pay Rate: per
Dates of Employment: From	To Reason for Leaving
Job Responsibilities:	
Name of Business:	Telephone: ()
Street Address:	City State Zip Code
Job Title:	Pay Rate: per
Dates of Employment: From	To Reason for Leaving
	(Month/Year)
Name of Business:	Telephone: ()
Street Address:	City State Zip Code
Job Title:	Pay Rate: per
Dates of Employment: From	To Reason for Leaving
(Month/Year)	(Month/Year)
	Telephone: ()
Street Address:	City State Zip Code
Job Title:	Pay Rate: per
Dates of Employment: From(Month/Year)	To Reason for Leaving
If more space is needed, please attach additional p	age(s).

List any additional skills you posses (word processing, spreadsheet, shorthand, sign language, foreign language, computer skills, typing ______wpm, etc): ______

List any professional, trade, and/or business associations (excluding those which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status): ______

Special Training Programs, Certifications (First Aid/CPR, Behavioral Management, Medication), etc.:

WORK-RELATED REFERENCES:

List three (3) **work**-related references. At least two must be people who supervised your work:

	Name / Relationship	Phone Number	Occupation	Years Acquainted
1.				
2.				
3.				

If no	paid emp	lovment	history.	please	list volunteer	or school	-related	references.
11 110	para cinp	io y monu	moory,	prease	mot vorunteet	01 001001	iciaica	rererences.

	Are you presently employed? \Box YES \Box NO
	May we contact your present employer? \Box YES \Box NO
	May we contact your previous employer(s)? \Box YES \Box NO
Hov	w did you find out about this employment opportunity?
	Eggleston Human Resources Office/Current Employee:
	Eggleston Website
	Virginia Employment Commission
	Friend/Relative
	Newspaper Advertisement
	Internet Posting: (Please identify.)
	Other: (Please identify.)

Eggleston has been dedicated to providing a broad array of programs and services for individuals with disabilities since 1955. When Eggleston opened in 1955 as the Tidewater Vocational Center, we served only five individuals with disabilities. Today, we serve hundreds, and our services continue to expand every year.

For many of the individuals associated with Eggleston, work opportunities are what they value most. One of our greatest assets is a dedicated staff and employees providing consistently high quality services and bringing to life daily, the mission of Eggleston.

Our employees take great pride in the work they do. We believe our quality statement says it all: Excellence in Action.

AUTHORIZATIONS & ACKNOWLEDGEMENTS:

Urinalysis Testing

I understand Eggleston is a Drug Free Work Place. Prior to acceptance by Eggleston of an applicant for any position, the applicant shall submit to a urinalysis test to determine the recent consumption of five recognized drug types (Marijuana, Cocaine, Opiates, Amphetamines and Phencyclidine/PCP). These drugs have been selected by the United States Department of Health & Human Services for workplace testing, and the Department of Transportation currently requires drivers of commercial vehicles to be tested for these drugs to insure safety on the nation's highways.

Criminal Background Checks

I understand that employment in any direct consumer care position requires that I must submit to fingerprinting and provide personal descriptive information to be forwarded through the Central Criminal Records Exchange to the Federal Bureau of Investigation (FBI) for the purpose of obtaining national criminal history record information. My continued employment is contingent upon the outcome of this background check.

Accuracy of Application

The information on this application is complete and correct to the best of my knowledge. I understand this information is verification as necessary for the purposes of rendering and employment decision. I understand that, if employed, falsified statements on this application may be grounds for forfeiture of any consideration of employment, continued employment, or promotion.

Employment At-Will

I understand that any employment relationship with Eggleston is "at will" in that I may resign at any time and that Eggleston may terminate my employment at any time with or without cause.

Additional Applicant Authorizations and Acknowledgements

I authorize Eggleston to make such investigations and inquiries in order to verify the information I have submitted on this application as to my education and employment history as necessary for an employment decisions. I authorize all persons, schools, companies, corporations and law enforcement agencies to supply any information in connection with my application for employment.

I also attest that I am either a U.S. citizen or a foreign citizen who is authorized to be employed in the United States.

I certify that I have read (or had read to me) the job specifications and requirements and that I am fully capable of performing all essential functions of the position with or without accommodations.

Applicant Signature

Date

This application shall be considered to be active for a period of 90 days from the date of application. Applicants who wish to be considered for employment after this date may reapply.

Eggleston is an Equal Opportunity Employer.



As a government contractor, we are required to periodically provide reports on the sex, race, ethnicity, disability, veteran, and other protected status of applicants. The following data is used for affirmative action reporting and analysis only. Your cooperation is voluntary and appreciated.

NOTE: All data records are kept in a confidential file and are not part of your application for employment or personnel file.

Position Applied For: _		or:	Date of Application:			
Re	eferral Source:	Advertisement Friend VEC Current Employee	Relative Wall Other (Please specify.)	k-in 🗌 Agency Bul):		
Name:			Phone: ()			
Ac	ldress:(Street)		(City)	(State)	(Zip)	
1.	Sex: D Male	Female				
2.	Date of Birth:	// MM DD YYYY				
3.	Ethnic Group/I	Race: (Please select one only.)				
	U White	Black or African American	American Indian & Alaskan natives			
	 Asian (Includes Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian) Native Hawaiian, Guamanian, Chamorro, Samoan and Other Pacific Islander 				morro,	
	(Includes Mex PuertoRican,C	panic/Latino OF ANY RACE ican, Mexican American, Chicano, Cuban, Central or South American ish origin or culture)	Some other ra	ace		
	Two or more	races				
4.	Veteran Status	: 🗌 Not Applicable 🛛 Vietnam	n Era Veteran 🛛 Ot	her Veteran		
5.	Disability: 🗌	ES , I have a physical or mental impairment which substantially limits one or more of my major life tivities, have a record of impairment from which I may now be recovered, and/or am regarded as having ch impairment.				
		NO , I DO NOT have a physical or major life activities.	DO NOT have a physical or mental impairment which substantially limits one or more of my ife activities.			
ma	aking special adap	phable Accommodation : Many potation or with reasonable accommon safely the duties of the job for white	odation. Please describ	_		

Applicant Signature

Date

Applicants and employees are treated without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status. We comply with all government regulations, including our affirmative action responsibilities where they apply. The sole purpose for this data record is to comply with government record keeping, reporting and other legal requirements.