



## EMPLOYMENT HISTORY/WORK EXPERIENCE

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

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)

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) (Month/Year)

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) (Month/Year)

Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Job Title: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ per \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
(Month/Year) (Month/Year)

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) (Month/Year)

Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If more space is needed, please attach additional page(s).*

List any additional skills you possess (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 employment history, please list volunteer or school-related references.

Are you presently employed?  YES  NO

May we contact your present employer?  YES  NO

May we contact your previous employer(s)?  YES  NO

How did you find out about this employment opportunity?

- Eggleston Human Resources Office/Current Employee: \_\_\_\_\_ (Please identify employee so we may thank them.)
- 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 an 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 decision. 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.**

# eggleston

## Self-Identification Form

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:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Referral Source:**  Advertisement  Friend  Relative  Walk-in  Agency Bulletin Board  
 VEC  Current Employee  Other (*Please specify*): \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

1. **Sex:**  Male  Female

2. **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

3. **Ethnic Group/Race:** (*Please select one only.*)

White  Black or African American

Asian (*Includes Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian*)

Spanish/Hispanic/Latino **OF ANY RACE**  
(*Includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture*)

Two or more races

American Indian & Alaskan natives

Native Hawaiian, Guamanian, Chamorro, Samoan and Other Pacific Islander

Some other race

*Other:* \_\_\_\_\_

4. **Veteran Status:**  Not Applicable  Vietnam Era Veteran  Other Veteran

5. **Disability:**  **YES**, I have a physical or mental impairment which substantially limits one or more of my major life activities, have a record of impairment from which I may now be recovered, and/or am regarded as having such impairment.

**NO**, I DO NOT have a physical or mental impairment which substantially limits one or more of my major life activities.

**Request for Reasonable Accommodation:** Many persons with disabilities are able to perform job duties by making special adaptation or with reasonable accommodation. Please describe any accommodation, which would enable you to perform safely the duties of the job for which you have applied:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**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.