

# Valley Interfaith Child Care Center

948 Heather Drive, Blacksburg, VA, 24060; Phone: 540-951-8101

## APPLICATION FOR EMPLOYMENT

Employees of VICCC and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, marital status, gender, or age.

Position(s) Applied For: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### EDUCATION

a. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed: \_\_\_\_\_

b. If you did not complete high school, do you have a high school equivalency diploma?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

c. Circle the number of years of post-high school education: 1 2 3 4 5 6 7

Please provide the name and location of institution, degree/certificate, major/specialty, and dates attended:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program, and expected completion date:

\_\_\_\_\_

- For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted for any violation of the law? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been the subject of a founded complaint of child abuse or neglect? Yes \_\_\_\_\_ No \_\_\_\_\_

**EXPERIENCE:** Starting with the most recent, describe all paid, military, and applicable voluntary experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position.

May we contact your present supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

a. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address and phone number: \_\_\_\_\_

\_\_\_\_\_

Type of business: \_\_\_\_\_

Your job duties: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary (start): \_\_\_\_\_ (finish): \_\_\_\_\_ Dates (mo/year): \_\_\_\_\_ to \_\_\_\_\_

Your name, if different from present: \_\_\_\_\_

b. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address and phone number: \_\_\_\_\_

\_\_\_\_\_

Type of business: \_\_\_\_\_  
Your job duties: \_\_\_\_\_  
Name and title of immediate supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Salary (start): \_\_\_\_\_ (finish): \_\_\_\_\_ Dates (mo/year): \_\_\_\_\_ to \_\_\_\_\_  
Your name, if different from present: \_\_\_\_\_

c. Job title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer address and phone number: \_\_\_\_\_

Type of business: \_\_\_\_\_  
Your job duties: \_\_\_\_\_  
Name and title of immediate supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Salary (start): \_\_\_\_\_ (finish): \_\_\_\_\_ Dates (mo/year): \_\_\_\_\_ to \_\_\_\_\_  
Your name, if different from present: \_\_\_\_\_

REFERENCES: List the names, contact information, and relationship to you of three persons, not related to you, who know your qualifications.

Name	Contact Information (e.g., phone, e-mail)	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

When will you be available to start work? \_\_\_\_\_

Use this space for any additional information you think would help us in evaluating your application, including training, seminars, workshops, special achievements, or skills:

**CERTIFICATION – Each applicant requires a current date and original signature**

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Valley Interfaith Child Care Center (VICCC).

I understand that all information on this application is subject to verification, and I consent to criminal history background checks.

I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize VICCC to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_