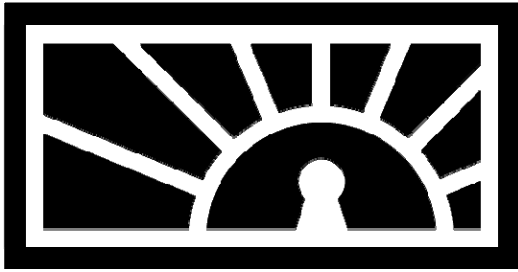


APPLICATION FOR EMPLOYMENT



DANVILLE-PITTSYLVANIA COMMUNITY SERVICES

245 HAIRSTON STREET
DANVILLE, VIRGINIA 24540
434-799-0456

INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

1. The information you supply on this application will be used to evaluate your qualifications for employment with DANVILLE-PITTSYLVANIA COMMUNITY SERVICES and may be used in making the decision on whether or not to interview you. Therefore, it is important that you supply all requested information thoroughly and completely. Do not leave any question or space blank. If it does not apply to you, indicate that this is the case.
2. Applications will only be accepted for advertised job vacancies. Indicate exact job title on application. Submit all documents requested in advertisement.
3. A separate application must be completed for each position for which you apply.
4. Applications that are received incomplete or after the closing date will not be considered for employment.
5. Resumes may not be substituted for DANVILLE-PITTSYLVANIA COMMUNITY SERVICES application, but may be included for supplemental information.
6. After a hiring selection has been made, the applications will be retired. They will not be automatically reviewed for future vacancies.

Employees of the Agency and applicants for employment shall be afforded equal opportunity in all aspects of employment, without regard to race, religion, color, national origin, political affiliation, age, gender, sexual orientation, disabilities, or marital status, except where religion, national origin, or gender is a bona fide occupational qualification reasonably necessary to the normal operation of the Agency.

GENERAL INFORMATION *(Please type or print legibly in dark ink.)*

Position Applied For (one per application)	Position Number	Date
Name _____		(____) _____
Last First Middle		Home Phone No.
Address _____		(____) _____
Street City State Zip Code		Work Phone No.
Email Address _____		(____) _____
		Cell Phone No.
Social Security No. _____ Names Previously Used _____		

Have you previously been employed at this Community Services Board which has served the population of the city of Danville and Pittsylvania County since 1972?
 Yes No If yes, when? _____

EDUCATION

Last High School Attended _____ Location _____ Graduated Yes No
 If you did not complete high school, do you have a GED? Yes No

List all colleges, universities, and professional/technical schools attended. Start with most recent. If you need additional space, please add a separate sheet of paper.

NAME & LOCATION OF INSTITUTION	DEGREE	MAJOR	DATE DEGREE RECEIVED, IF APPLICABLE	HOURS COMPLETED

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

WORK EXPERIENCE - List all positions you have held. Include paid, military, and any relevant volunteer experience. Start with your present position and work backward in chronological order. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment in the space indicated. If you need more space, attach additional sheets in the same format.

May we contact your present supervisor? Yes No (Not applicable for current DPCS employees)

If no, please state reason: _____

POSITION TITLE _____ MOIYR _____ FROM: _____ TO: _____

EMPLOYER _____ PHONE (____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STARTING SALARY _____ ENDING SALARY _____ FULL-TIME () PART-TIME () HRS/WK _____

POSITION RESPONSIBILITIES _____

REASON FOR LEAVING _____ NO. STAFF SUPERVISED _____

NAME OF DIRECT SUPERVISOR _____

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POSITION TITLE _____ MOIYR _____ FROM: _____ TO: _____

EMPLOYER _____ PHONE (____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STARTING SALARY _____ ENDING SALARY _____ FULL-TIME () PART-TIME () HRS/WK _____

POSITION RESPONSIBILITIES _____

REASON FOR LEAVING _____ NO. STAFF SUPERVISED _____

NAME OF DIRECT SUPERVISOR _____

=====

POSITION TITLE _____ MOIYR _____ FROM: _____ TO: _____

EMPLOYER _____ PHONE (____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STARTING SALARY _____ ENDING SALARY _____ FULL-TIME () PART-TIME () HRS/WK _____

POSITION RESPONSIBILITIES _____

REASON FOR LEAVING _____ NO. STAFF SUPERVISED _____

NAME OF DIRECT SUPERVISOR _____

WORK EXPERIENCE CONTINUED

POSITION TITLE _____ MOIYR _____ FROM: _____ TO: _____
 EMPLOYER _____ PHONE (____) _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 STARTING SALARY _____ ENDING SALARY _____ FULL-TIME () PART-TIME () HRS/WK _____
 POSITION RESPONSIBILITIES _____

REASON FOR LEAVING _____ NO. STAFF SUPERVISED _____
 NAME OF DIRECT SUPERVISOR _____

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POSITION TITLE _____ MOIYR _____ FROM: _____ TO: _____
 EMPLOYER _____ PHONE (____) _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 STARTING SALARY _____ ENDING SALARY _____ FULL-TIME () PART-TIME () HRS/WK _____
 POSITION RESPONSIBILITIES _____

REASON FOR LEAVING _____ NO. STAFF SUPERVISED _____
 NAME OF DIRECT SUPERVISOR _____

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PERIODS OF UNEMPLOYMENT

FROM	TO	REASON

Use this space for any additional information you think would help us evaluate your application, including trainings, seminars, workshops, special achievements, or specialized skills. If you need additional space, please add a separate sheet of paper.

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SOFTWARE PROGRAMS USED: _____

Typing Speed _____ words per minute;

Do you have a valid Driver's License? Yes No State _____

List all other licenses, certifications, or other authorizations to practice a trade or profession. Please give type, license number, expiration date, and granting licensing board.

REFERENCES - List name, email, phone number, and relationship of three professional references not related to you who know your qualifications:

NAME	EMAIL	PHONE NUMBER	RELATIONSHIP

MISCELLANEOUS INFORMATION

1. What date will you be available for work? _____
2. Are you willing to accept employment that requires working: Evenings? Yes No ; Holidays? Yes No ; Weekends? Yes No
3. Are you willing to accept employment that requires you to travel? Yes, during the day ; Yes, overnight ; No, I will not travel
4. Are you willing to provide your own transportation if required to travel? Yes No
5. Are you legally eligible for employment in the United States? Yes No (You are legally eligible if you are a U.S. citizen or have an appropriate work permit issued by the U. S. Department of Justice or U. S. Department of Labor.)
6. Have you ever been convicted of any violation(s) of law (whether a felony or misdemeanor), other than minor traffic offenses? No Yes (List all adult convictions. List Juvenile convictions (including adjudications) for the following: Capital Murder, First and Second Degree Murder, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.)
If the answer is yes, list all conviction(s), date(s), and explain. If you need additional space, please add a separate sheet of paper.

A conviction will not automatically disqualify you from consideration for the position. Rather, such factors as date of conviction, seriousness and nature of offense, and evidence of rehabilitation will be considered.

7. Are you a relative, dependent, or reside in the same household of a current employee of this Agency? (Relative is defined as being a spouse, child, stepchild, parent, stepparent, foster parent, parent of spouse, brother, sister, grandchild, grandparent, or guardian. Dependent is defined as a person, whether or not related by blood or marriage, which receives more than one-half financial support from employee.)
 Yes No Name of current employee _____ Relationship _____
8. Were you referred by a current DPCS employee to submit an application for employment?
 Yes No Name of one, or the first, employee who made the referral _____

CERTIFICATION - Photocopies of this application are acceptable.

I hereby certify that all entries on this application and any attachments thereto are true and complete, and any alteration made to this application form will be considered as falsification of the application. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of DANVILLE-PITTSYLVANIA COMMUNITY SERVICES. I understand that all information on this application is subject to verification and hereby authorize any of my references, present employers, former employers and schools to furnish DANVILLE-PITTSYLVANIA COMMUNITY SERVICES with any information they may have concerning my service or employment history including, without limitations, all the contents of my personnel file. I further understand that an offer of employment from DANVILLE-PITTSYLVANIA COMMUNITY SERVICES must be in writing to be considered valid. I release DANVILLE-PITTSYLVANIA COMMUNITY SERVICES and all providers of information from any liability as a result of furnishing and receiving information. DANVILLE-PITTSYLVANIA COMMUNITY SERVICES is a drug-free workplace and all final applicants for employment will be asked to take a drug test. Refusal to take the drug test or failure to pass the drug test shall be a violation of Agency policy.

Signature of Applicant

Date

DANVILLE-PITTSYLVANIA COMMUNITY SERVICES

To meet the requirements of federal regulations, we need to collect the following information for record keeping purposes. This information will NOT be used for making employment decisions and NOT be kept with your application for employment. Response is strictly on a voluntary basis. Not responding to this questionnaire will not disqualify you as an applicant.

Check the category below for the racial or ethnic group with which you identify:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Check the category that is appropriate for education completed (Check only one):

- High School Graduate or GED
- College Graduate
- Attended Graduate School (# of years) _____
- Master's Degree
- Graduate Study Beyond Master's Requirements
- Ph.D. or Professional Degree

Check Appropriate Gender: Male Female

POSITION APPLIED FOR _____ POSITION NUMBER _____ DATE OF BIRTH _____

Please assist us in analyzing our recruitment sources by completing the following question: How did you **FIRST** become aware of the employment opportunity? **CHECK ONLY ONE**

- Newspaper Ad that led you to our website (Name of Paper) _____
- Website that led you to our website (Name of Website) _____
- Employment Announcement (Indicate where posted) _____
- Employee of Danville Pittsylvania Community Services
- Virginia Employment Commission
- Other (Specify) _____

How do you generally search for employment opportunities? **CHECK ALL THAT APPLY**

- Virginia Employment Commission
- Walk into business and inquire
- Employee referral
- Newspaper (Name of paper) _____
- Website/Online (Specify) _____
- Other (Specify) _____

Which website(s) would you recommend we use to advertise position vacancies? _____