



# *Application for Employment*

## *Department of Human Resources*

Position Number:	Job Title:
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### Personal Information

Last Name:		First Name:		Middle Name:		Prefer Gender Pronoun		
Address:			Apartment/Condo Number:		City:		State:	Zip Code:
Home Phone:	Cell / Other Phone:	Work Phone:		Email:				
How were you referred?								
Newspaper				VEC				
State RECRUIT System				Agency Job Vacancy List				
Other								

### Education History

Highest grade completed:	If you did not complete high school, do you have a high school equivalency diploma?	Number of years of post-high school education:	If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

Degree Received (if applicable):	Major or Specialty (if applicable):	Minor (if applicable):
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Degree Received (if applicable):	Major or Specialty (if applicable):	Minor (if applicable):

### Relevant Work Experience

May we contact your present supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer Name/Address:	Job Title:	Type of Business:	Phone:	Dates Employed: Begin: End:
Immediate Supervisor Name:	Supervisor Title:	Number and Titles of Employees You Supervised (if applicable):		
Was This Position Full-Time or Part-Time?	If Part-Time, Please Indicate Number of Hours Worked Per Week:	Your Name, if Different from Present:		
Equipment & Software Used:				
Duties:				

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Equipment & Software Used:				
Duties:				

### Current & Previous Supervisors

Name:	Relationship:	Address:	Phone:	Email:

## Additional Information

Please enter any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:			
Check which shift you will accept:			
Day Rotating	Evening Weekends	Night	
Check which job status you would accept:			
Full-time	Part-time (specify)		
Check which employment status you would accept:			
Salaried (benefits)	Hourly (no benefits)	Part-time salaried (leave benefits only)	
For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?	If you are/were required to register for the Selective Service, have you done so?		If you have not registered for the Selective Service, please state reason:
Yes      No	Yes      No      Not Applicable		
For purposes of compliance with section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active duty in the armed forces of the United States or reserve components thereof, including the Guard, or (ii) has a service-connected disability rating fixed by the United States Veteran Affairs?			
Yes      No			
If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?	If yes, are you a veteran who has a service-connected disability rating fixed by the U.S. Veterans Affairs?	For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you the surviving spouse, or child, of a veteran who was killed in the line of duty?	For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a member of the National Guard who (i) is presently serving as a member of the Virginia National Guard and (ii) has satisfactorily completed required initial active duty service?
Yes      No	Yes      No	Yes      No	Yes      No
When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)		Are you willing to accept employment which requires you to travel?	
		Yes      No	
If you are willing to accept employment which requires you to travel, will you be willing to (check all that apply):			
During the day only		Occasionally overnight	Frequently overnight
Do you have an Interagency Placement Screening Form (Yellow Form) as issued under Policy 1.30 Layoff? (Commonwealth of Virginia Employees Only) Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a Preferential Hiring Form (Blue Form) as issued under Policy 1.30 Layoff? (Commonwealth of Virginia Employees Only) Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Licenses

License (to include driver's), certificate or other authorization to practice a trade or profession. Type:	Expiration Date:	License Granted by (licensing board):

## Certification Statement

I hereby certify that all information contained in my application materials (e.g. this form, my resume, curriculum vitae, etc.) are true and complete to the best of my knowledge and belief and I agree and understand that any misrepresentation, omission or falsification of information herein, regardless of time of discovery, constitutes grounds for immediate dismissal from any subsequent employment with the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. In consideration of my employment by Old Dominion University, I agree to conform to and abide by all of its rules, policies and regulations. I hereby authorize my past and present employers, schools, institutions, and all individuals, partnerships, associations or corporations and any other references to provide any relevant information. I hereby release them and their organizations from all liability, claims and causes of action for issuing the same. I understand if applicable I must be registered with Selective Service. By signing this application, I agree to these conditions. Certification Acceptance Text: I certify that I have read and agree with these statements.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Name

Applicant's Signature

Date

**Additional Relevant Work Experience:**

Employer Name/Address:	Job Title:	Type of Business:	Phone:	Dates Employed: Begin: End:
Immediate Supervisor Name:	Supervisor Title:			
Was This Position Full-Time or Part-Time?	If Part-Time, Please Indicate Number of Hours Worked Per Week:	Your Name, if Different from Present:		
Number and Titles of Employees You Supervised (if applicable):				
Equipment & Software Used:				
Duties:				

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