

**The Arc of the Piedmont
509 Park Street
Charlottesville, VA 22902**

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

IMPORTANT: The Arc of the Piedmont prohibits discrimination against applicants and employees on the basis of race, creed, color, religious opinion or affiliation, national origin, political affiliation, sex, age, physical or mental disability, sexual orientation, or veteran status, in accordance with applicable federal law, and complies with applicable state and local laws prohibiting discrimination in employment in each area where it has operations. The Arc of the Piedmont also provides reasonable accommodations to qualified individuals with disabilities in accordance with the requirements of the Americans with Disabilities Act and applicable state and local laws. Applicants requiring a reasonable accommodation in order to participate in the interview process are requested to contact the Human Resources Coordinator in order to arrange such accommodation.

Position Applied for: _____ **Date:** _____

Are you interested in: _____ **Part Time** _____ **Full time** (Check all that apply)

Are you willing to work (Check all that apply)

_____ **Days** _____ **Evenings** _____ **Weekends** _____ **Holidays** _____ **Overnights**

City/Counties willing to work in: _____ **Charlottesville** _____ **Nelson** _____ **Louisa** _____ **Crozet** (Check all that apply)

Personal Data

Last Name	First Name	MI	Social Security Number	
Street Address		City	State	ZIP
Home Phone Number	Work Phone Number		e-mail address	

Have you applied for work here before? () Yes () No

If yes, for what position(s)? _____

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. To comply with these laws, all offers of employment are subject to verification of each applicant's identity and employment authorization. You will have to submit those documents that are required by law to verify your identification and employment authorization upon employment. Are you authorized to work for all employers in the United States on a full-time basis, or only for your current employer? () All employers () Current employer only

Are you less than 18 years old? () Yes () No If yes, how old are you? _____

Do you have any relative employed by The Arc? () Yes () No

Have you ever been convicted of a crime? (Do not include convictions which have been sealed or expunged.)
() Yes () No If yes, state the nature of the offense, when, where and disposition:

(Conviction of a crime does not necessarily mean that you will not be considered for employment. The Arc of the Piedmont requires that all direct care staff, as a condition of employment, undergo state and federal criminal background checks.)

Do you have a valid Virginia State Driver's License? _____ Do you have a vehicle? _____

How did you hear of this open position? Which Newspaper? _____ Other: _____

If referred by an Arc employee, please print name: _____

Educational History

Circle highest grade completed: 4 5 6 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma? () Yes () No

Circle number of years of post high school education: 1 2 3 4 5 6 7 8

School	City, State	Major	# years attended	Graduated		Degree
				Yes	No	
High School						
College (list all attended)						
Other education/training						

List any scholarships, academic honors and special achievements
If you expect to complete your educational program in the near future, please indicate what type of degree and when you expect to receive it.

Special Skills/Experience

Typing () Yes () No Computer skills – types and models as well as software that you are proficient in.
Summarize other special skills and qualifications relating to the position.
Summarize any specific work, family or volunteer experience related to the position.
Why do you want to work with children and adults with mental retardation and related disabilities?

Employment Record (Starting with present or most recent, list all previous employers.)

Dates of Employment (month/year) From To		Position		Base Salary
Name of Company		Type of Business	Name and title of immediate supervisor	
Street Address		City, State, ZIP		Phone Number
Responsibilities		Reason for leaving		
May we contact this employer for a reference? () Yes () No				
Dates of Employment (month/year) From To		Position		Base Salary
Name of Company		Type of Business	Name and title of immediate supervisor	
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Professional Work References List three professional references who have knowledge of your qualifications.

Name	Title/Relationship	Phone Number
Company Name/Address	e-mail	May we contact this reference?
Name	Title/Relationship	Phone Number
Company Name/Address	e-mail	May we contact this reference?
Name	Title/Relationship	Phone Number
Company Name/Address	e-mail	May we contact this reference?

**PRE-EMPLOYMENT STATEMENT
PLEASE READ CAREFULLY BEFORE SIGNING**

I understand and agree that:

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from The Arc of the Piedmont's employ.
2. Any offer of employment I may receive from The Arc of the Piedmont is contingent upon my successful completion of the agency's total pre-employment screening process, including the agency's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the agency may require. I also agree, if employed, to submit to a medical examination at any time at the agency's request. I further agree, if employed, to submit to any training and testing required by the Department of Mental Health, Mental Retardation and Substance Abuse Services as part of the agency's licensing requirements. I hereby consent to having the results of any post-offer pre-employment or post-employment examination or testing I may be required to take disclosed to the Department of Mental Health, Mental Retardation and Substance Abuse Services as part of the agency's licensing requirements.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Executive Director. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the Executive Director or her designee.
4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the agency and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the agency, other than the Executive Director or Board President, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing any signed by me and the Executive Director or Board President.

Signature of Applicant _____

Date _____

REFERENCE CHECK

I authorize my former employer _____ to furnish The Arc of the Piedmont with whatever information they may have regarding my employment, including my reason(s) for leaving. I am signing this waiver voluntarily, and to request that my former employer (listed above) respond to this reference inquiry with full and complete information. Because this reference is an important part of my application for employment with The Arc of the Piedmont, I therefore waive and release my former employer (listed above) from any and all claims and causes of action in law or equity, including, but not limited to, defamation of character or invasion of privacy, which might arise from responding to this reference check.

Candidate Signature

Date

Candidate Printed Name

Position Applied For

Response from reference:

Reference Company: _____

Reply Date: _____

Contact Name: _____

Phone Number: _____

Dates of employment _____ Ending Salary _____ Supervisor _____

Can you list some strong points related to the candidate's work performance?

Can you list some weak points related to the candidate's work performance?

How well did he/she work with other staff?

How did he/she interact with clients?

Would you rehire applicant?

To your knowledge, does the applicant have any employment history of child or client abuse, neglect, mistreatment or financial exploitation?

Is there anything else that you think I need to know to help me make a hiring decision for this applicant?

Supervisor requesting reference

Date of request

cc: Human Resources

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