



NEW RIVER VALLEY COMMUNITY SERVICES
Employment Application

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

APPLICANT INFORMATION													
Last Name					First			M.I.					
Street Address						Apartment/Unit #							
City					State		ZIP						
Home Phone			Business Phone		E-mail Address								
Social Security No.													
Position Applied For													
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for NRVCS?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Have you ever been convicted for any violations of law (felony, misdemeanor)? Be sure to include any traffic violations.			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						

EDUCATION											
High School					Address						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College					Address						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other					Address						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	

PROFESSIONAL REFERENCES									
<i>Please list three professional references.</i>									
Full Name					Relationship				
Company					Phone ()				
Address									
Full Name					Relationship				
Company					Phone ()				
Address									
Full Name					Relationship				
Company					Phone ()				
Address									

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Responsibilities			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Responsibilities			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
Responsibilities			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Note: If you should need additional space to list previous employment, please include that information on a separate sheet of paper and attach to this application.

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

HOW DID YOU DISCOVER THE POSITION YOU ARE APPLYING FOR?

NRVCS website Other website Newspaper VEC Other Please specify _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

AUTHORIZATION AND RELEASE

I understand that if offered a position, the offer will be contingent upon satisfactory completion of all aspects of New River Valley Community Services ("NRVCS") pre-employment screening process. These pre-hire procedures may include a mandatory drug screening test and/or a medical exam/evaluation, subject to federal, state and local law. I authorize NRVCS to verify information related to my education, driving record (if applicable), credit history (if applicable), conviction record and employment, and release from liability all persons or entities collecting such information.

I request and authorize all persons, schools, businesses, financial institutions, corporations, credit bureaus, courts and law enforcement agencies to release information to the NRVCS without restriction or qualification. I authorize the release of Department of Motor Vehicle records pertaining to driver's license and vehicle registration information. I further authorize the National Personnel Records Center, St. Louis, Missouri, or any other custodian of my military records to release my military personnel and related records. I hereby release NRVCS and their officers, employees and agents from any and all liability arising from the procurement or preparation of information.

I understand that my date of birth, gender and other names will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining complete background information.

I understand that if I am offered and accept employment with NRVCS my employment is at will, is not guaranteed for any specific duration and may be terminated with or without cause or notice at any time. Further, I understand that neither language contained in any other NRVCS documents, nor any oral or written representation made by a member of management other than a written document signed by Executive Director of NRVCS, may be construed as altering the nature of my at-will employment.

I hereby certify that the information provided in this Employment Application and any other information I provide as part of the application process is true, accurate and complete. I understand that any misrepresentations or omissions whenever discovered may disqualify me from consideration for employment, or may lead to my termination.

Applicant Signature

Date