



PITTSYLVANIA COUNTY COMMUNITY ACTION INC.

APPLICATION FOR EMPLOYMENT/VOLUNTEER

Pittsylvania County Community Action Inc. is an equal employment opportunity organization. We do not discriminate against any individual on the basis of race, color, religion, gender, national origin, disability, age, past, present, or future service in the uniformed services of the United States, or any other status protected by applicable law in any term or condition of employment, including decisions concerning hire or volunteer positions.

This application will only be considered for the particular position for which you are seeking employment or volunteer positions. If this application is unsolicited it will only be considered for openings within the next 30 days.

If you need any assistance completing this application, please ask to see the Human Resources Department.

(Please Print)

Form with fields for Name, Date, Address, City, State, Zip, Telephone, Email address, Name of Contact in Case of Emergency, Telephone Number of Emergency Contact, Position Sought, Rate of pay expected.

Yes No Have you ever filed an application or ever been employed with us in the past? If yes, give date: \_\_\_\_\_

Yes No Are you currently employed?

Yes No May we contact your present employer? (If No, please explain \_\_\_\_\_.) (I understand my failure to grant permission may lead to my being considered ineligible for hire)

Yes No Are you legally authorized for employment in the United States? (Proof of proper authorization to work will be required)

- Yes  No Are you under 18 years of age?  
(Employment is subject to verification of minimum legal age)
- Yes  No Are you available to work/volunteer?  Full Time  Part Time  Other
- Yes  No If the position requires overnight travel or unusual hours or Saturdays and Sundays can you meet that requirement?
- Yes  No If the position applied for requires driving do you have a valid driver's license?  
 Yes  No May we check your records?  
*\*To be filled out only if driving is an essential function of the position. Please ask the Human Resources Department if you need to fill out.  
 \*\*Failure to grant permission may lead to your being considered ineligible for hire*
- Yes  No Have you ever been disciplined (orally or in writing) by an employer for unexcused absences or tardiness?
- Yes  No Have you ever been disciplined (orally or in writing) by an employer for failing to adhere to your employer's safety rules?
- Yes  No Have you ever been disciplined (orally or in writing) by an employer for failing to adhere to your employer's work rules?
- Yes  No Have you ever been discharged by an employer?

How Soon Can you report to the position? \_\_\_\_\_.

**Employment Experience (past 10 years)** Start with your present or last job. Any gaps in employment need to be accounted for. We will contact your past employers unless you tell us not to. Failure to grant permission may lead to your being considered ineligible for hire.

Present or Last Employer	Street Address	City	State	May we Contact?
Name Under Which Employed	Employer's Phone	Start Date	End Date	
Starting Position/Job Title	Ending Position/Job Title	Supervisor's Name and Title		
Reason for Leaving	Details of work performed			

Present or Last Employer	Street Address	City	State	May we Contact?
Name Under Which Employed	Employer's Phone	Start Date	End Date	
Starting Position/Job Title	Ending Position/Job Title	Supervisor's Name and Title		

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Reason for Leaving	Details of work performed			

**Please use additional paper if you have had other employers**

### References

Give name, address and telephone number of three references. Please give two references that are unrelated; and one from a previous employer.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Education\***

Elementary School _____	Number of years completed _____
High School: _____	Highest Level Achieved: _____
Business or Vocational School _____	Graduation Date _____
College: _____	Graduation Date _____
Degree or Course of Study: _____	
Other Training or Courses Taken: _____	

**Specialized Training, Job Related Skills**

List any experience, skills, or qualifications which you feel have prepared you for this position with our Company. Include all computer programs with which you have experience.

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**CERTIFICATION AND AGREEMENT**

*I certify that the information contained in this application is true and complete to the best of my knowledge and I understand that any omission or falsification of information on this Application or during any interview may lead to me not being able to volunteer, or if allowed to volunteer, termination from such position or other appropriate disciplinary action.*

*I hereby authorize investigation of all statements contained herein and the references listed above to give Pittsylvania County Community Action Inc. any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning me. I release Pittsylvania County Community Action Inc. and any employer or person providing such information from any and all liability or any damage which may result from such inquiry or the furnishing of such information as allowed by law.*

*I understand and agree that if I volunteer with Pittsylvania County Community Action Inc. such activity will be considered at-will and that neither this application or any policy or procedure of Pittsylvania County Community Action Inc. should be construed to create a contract of employment for any specific duration.*

*I understand that I may be required to submit to appropriate background checks and pre-work drug/alcohol testing prior to my being eligible for the position with Pittsylvania County Community Action Inc.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CONSUMER REPORT DISCLOSURE**

I understand that a consumer report may be obtained and I authorize Pittsylvania County Community Action, Inc. to obtain from time to time a “consumer report” as defined in the Fair Credit Reporting Act from a consumer reporting agency (such as a credit bureau) concerning me. I understand Pittsylvania County Community Action, Inc. may use consumer reports in connection with my activities and I agree that they are relevant for this purpose. I will hold Pittsylvania County Community Action, Inc. harmless from its use of these reports in this manner.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date