

Generations Crossing 3765 Taylor Spring Lane Harrisonburg, VA 22801 Attn: Laurie Deavers

## **Application for Employment**

All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin, or disability. The use of this form does not mean there are positions open and does not obligate us in any way.

Position Applied for:		Full Time	or Part Time
Expected Salary per hour \$	Specify Hours/Days	of Part Time	
Willing to work overtime?	Date available to start	·.	
Today's Date			
•••••		• • • • • • • • • • • • • • • • • • • •	
Name:	Social Security #:		
Address:			
City:	State:	Zip:	
E-mail address:		Phone:	
Are you at least 18 years of age?	How did you hea	r about us?	
Have you worked at Generations	s Crossing before?		
<b>Education:</b>			
Circle the highest grade complet	ed 1 2 3 4 5 6 7 8 9 10 11 1	2	
Name and location of high school	ol:	Yes	ar graduated:
Name of College/University:		Dates attended:	
Degree Received:		Minor:	
Other education or specialized tr	raining:		

<b>Experience:</b>		
Job Title	Salary	,
Employer:	Phone:	
Address:		
Supervisor:	Employed (from):	(to):
Duties:		
Reason for Leaving:		
May we contact your employe	r for a reference? Yes No	
Job Title	Salary	,
Employer:	Phone:	
Address:		
Supervisor:	Employed (from):	(to):
Duties:		
Reason for Leaving:		
May we contact your employe	r for a reference? Yes No	
Job Title	Salary	
Employer:	Phone:	
Address:		
Supervisor:	Employed (from):	(to):
Duties:		

May we contact your employer for a reference? Yes	No	
References: List names, address and number of three people (not related to you) whom we may contact for information about your qualifications.		
Name/Title:	Phone:	
Address:		
Name/Title:	Phone:	
Address:		
•••••		
Name/Title:	Phone:	
Address:		
Miscellaneous Data:		
Have you ever been convicted of an offense? Yes	No	
If hired, you will be required to have a criminal records bac Yes No	ekground check. Is this acceptable to you?	
Is there anything that would interfere with your ability to su position? Yes N		
Please list any allergies or health concerns:		
Have you ever been discharged or requested to resign from	a position? Yes No	
If yes to any of the above questions, please specify:		
List person to be contacted in case of an emergency:		
Name: Rela	ationship:	

Work Phone:	_ Cell Phone:
Address:	
09/04/13	