

OPEN ARMS FAMILY SUPPORT SERVICES, LLC

HUMAN RESOURCES

RICHMOND, VA 23230

Phone: (804) 353-0850

Facsimile: (804) 353-0852

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer. Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact the Human Resources Office.

Please read these instructions before you complete your application.

Applications are only accepted for jobs that are currently open. Separate applications are to be submitted for each job sought. Be sure to list the title of the job you are applying for in the same way as it appears in the job announcement.

Complete the entire application. Incomplete applications will not be considered.

Your completed application may be mailed or brought in to the above address.

Position Applied For _____

Name _____
(Last Name) (First Name) (M.I.)

Address _____
(Street) (City) (State) (Zip)

Phone (_____) _____ (_____) _____ Social Security No. _____
(Home) (Work)

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? _____ Yes _____ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

Have you ever worked for any , OAFSS Program? Yes _____ No _____

Which Program? _____

EDUCATION: Circle highest grade attained. 1 2 3 4 5 6 7 8 9 10 11 12

Name and location of the last high school completed: _____

Did you graduate? Yes _____ No _____

If not, have you passed a GED test? Yes _____ No _____

Indicate where and when GED obtained _____

| | School Name and Location | Credits From/To Sem./Qtr. | Date Graduated | Degree Awarded | Major Area of Study |
|-----------------------|--------------------------|---------------------------|----------------|----------------|---------------------|
| College or University | 1. _____ | | | | |
| | 2. _____ | | | | |
| | 3. _____ | | | | |

Special Qualifications and Skills: (typing, shorthand, foreign language, publications, scholastic honors, etc.)

EXPERIENCE:

Please describe all paid, military, and applicable voluntary experience starting with the most recent. You should highlight your knowledge, skills, and abilities that best demonstrate your qualifications for the position. This information is essential in evaluating your qualifications and selecting the appropriate applicant for the position. You may list significantly different jobs within the same organization as separate items. If you need additional space, please attach a separate sheet(s) of paper.

May we contact your present supervisor? Yes No

Job Title _____

Duties _____

Employer _____

Address _____

_____ Phone _____

Type of Business _____

Immediate Supervisor _____

Title _____

Salary (Start) _____ (Finish) _____

No./Titles of employees supervised _____

Dates (mo/yr) _____ to(mo/yr) _____

Equipment used _____

Full-time Part-time Hours/Week _____

Reason for leaving _____

Job Title _____

Duties _____

Employer _____

Address _____

_____ Phone _____

Type of Business _____

Immediate Supervisor _____

Title _____

Salary (Start) _____ (Finish) _____

No./Titles of employees supervised _____

Dates (mo/yr) _____ to(mo/yr) _____

Equipment used _____

Full-time Part-time Hours/Week _____

Reason for leaving _____

Job Title _____

Duties _____

Employer _____

Address _____

_____ Phone _____

Type of Business _____

Immediate Supervisor _____

Title _____

Salary (Start) _____ (Finish) _____

No./Titles of employees supervised _____

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Reason for leaving _____

Job Title _____

Duties _____

Employer _____

Address _____

_____ Phone _____

Type of Business _____

Immediate Supervisor _____

Title _____

Salary (Start) _____ (Finish) _____

No./Titles of employees supervised _____

Dates (mo/yr) _____ to(mo/yr) _____

Equipment used _____

Full-time Part-time Hours/Week _____

Reason for leaving _____

For purposes of compliance with Section 2.10112 of the *Code of Virginia*, entitled **Grade or Rating Increase and Other Preferences for Veterans**, have you ever served in the Armed Forces of the United States during the following dates? (Check the appropriate dates: _____ World War I - 4/15/17-4/1/20; _____ World War II - 12/7/41-12/31/46; _____ Korean Conflict - 6/27/50-1/31/55; _____ Vietnam Conflict - 8/5/64-3/7/75; _____ None of the dates shown, but I did serve in the military.

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements of specialized skills. If you need additional space, add a separate sheet(s) of paper.

Typing speed _____ words per minute. Shorthand speed _____ words per minute.

Licenses (to include driver=s), certificates, or other authorization to practice a trade or profession.

| Type | License Number | Expiration Date | Granted by (licensing board) |
|------|----------------|-----------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

REFERENCES:

List names, addresses, and relationships of three persons not related to you who know your qualifications:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| 1. | | | |
| | | | |
| 2. | | | |
| | | | |
| 3. | | | |
| | | | |

MISCELLANEOUS:

If you need additional space, add a separate sheet(s) of paper.

- Are you able to fully perform the essential duties of the job for which you are applying? Yes _____ No _____
If no, please describe:

A disability will not bar you from employment if you are able to perform the essential duties of the job with reasonable accommodation.

2. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law? Include convictions by general court martial while in the military service. Yes _____ No _____
If yes, give date, place, charge, court, and fine or sentence.

A conviction does not automatically mean that you cannot be employed. What you were convicted of and how long ago are important. Give all of the facts so that a decision can be made.

3. Have you ever been fired or asked to resign from a job? Yes _____ No _____
If yes, give name and address of employer and describe reason.

A firing or forced resignation does not automatically exclude you from employment. The circumstances, time elapsed, and recent employment record will be considered.

4. 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.)
Month _____ Day _____ Year _____

5. Check which shift you will accept: _____ Day _____ Evening _____ Night _____ Rotating _____ Weekends _____
Specify shift hours

Use this space for additional or explanatory information:

(This statement **MUST** be signed)

CERTIFICATION:

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment opportunities with Open Arms Family support Services, LLC and I agree to hold OAFSS, LLC. and persons named herein blameless in that event. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions and licensing boards listed being contacted regarding this application. If offered employment, I further understand the employment offer will be subject to the results of a national fingerprint search. I further authorize the OAFSS, LLC to rely upon and use as it sees fit any information received from such contacts.

Date _____ Applicant's Signature _____

To meet the requirements of federal regulations, we need to collect information on the questions below for record keeping purposes. This information will NOT be used for making employment decisions and will NOT be kept with your application for employment.

Check the block for the racial or ethnic group with which you identify:

White (includes Arabian)

Black (includes Jamaicans, Bahamians and other Caribbeans or Africans but not Hispanic or Arabian descent)

Hispanic (includes person of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)

Asian & Asian American (includes Pakistanis, Indians and Pacific Islanders)

American Indian (includes Alaskans)

Check the block for the highest level of education completed (check only one)

Less than 8th grade

Completed 8th grade

Attended high school

High School graduate/GED

Attended College and/or associate degree

College graduate

Attended graduate school

Masters degree

Graduate study beyond master=s requirements

PhD or professional degree

Check appropriate blocks:

Handicapped

Male

Female

Position applied for _____

Announcement number _____

Date of Birth ____ Mo ____ Day ____ Year

How did you find out about this employment opportunity?

_____ Newspaper*

_____ Virginia Employment Commission

_____ OAFSS Personnel Department

_____ Website

_____ Va. CSB Job Listings

_____ OAFSS employee

_____ Other (please specify)

*Specify name of newspaper.

OFFICE USE ONLY

| | |
|--|---|
| <p>Applicant's Name</p> | <p>Date of Application</p> |
| <p>Qualifications</p> <p>Degree: _____</p> <p>Years of Clinical Experience: _____</p> | <p>Recommendation</p> <p>Hire Date: _____</p> <p>Not Hired: _____</p> |
| <p>Comments</p> <p>_____ Human Resources Date</p> | <p>Comments</p> <p>_____ Program Director Date</p> |