Hampton Roads Community Action Program  JOB APPLICATION										
EMAIL:		DATE:								
(PLEASE PRINT)	TELEPHONE NO									
NAMELAST			EII	RST		/8# 1 \				
	TO THE SITE OF STA					(M.I.)				
PRESENT ADDRESS INCLUDE CITY, STATE, ZIP WHEN AVAILABLE?										
		/ US? IF YES, WHEN?								
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?										
LIST NAMES OF THREE PERSONS (NOT FORMER EMPLOYERS OR RELATIVES).										
NAME	ADDRES	3S	BUSINE	ESS & POSITION	TELEPHONE					
MILITARY EXPERIEN	NCE									
BRANCH OF SERVI	ICE	OCCUPATIONAL SPE		TYPE OF DISCHARGE						
EDUCATION: VERIFICATION OF COMPLETION OF ANY DEGREE REQUESTED. COPIES OF A TRANSCRIPT WILL BE ACCEPTED.										
SCHOOL	NAME AND ADDRESS		COURSE OF STUDY		Y CIRCLE LAST YEAR COMPLETED	LIST DIPLOMA OR DEGREE				
ELEMENTARY					5 6 7 8					
HIGH					1 2 3 4					
COLLEGE					1 2 3 4					
OTHER (SPECIFY)					1 2 3 4					

LIST BELOW ALL PRESENT AND PAST EM	PLOYMENT, B	EGINNING WI	TH YOUR MOST RECENT.							
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO. / YR.	TO MO. / YR.	POSITION	MONTHLY STARTING SALARY	MONTHLY LAST SALARY					
TELEPHONE				1						
REASON FOR LEAVING				†						
NAME OF SUPERVISOR										
	T 011	T		T	1					
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO. / YR.	MO. / YR.	POSITION	MONTHLY STARTING SALARY	MONTHLY LAST SALARY					
				<u> </u>						
TELEPHONE										
REASON FOR LEAVING				†						
NAME OF SUPERVISOR										
-										
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO. / YR.	TO MO. / YR.	POSITION	MONTHLY STARTING SALARY	MONTHLY LAST SALARY					
TELEPHONE										
REASON FOR LEAVING				1						
NAME OF SUPERVISOR				<u> </u>						
SUMMARIZE HERE ANY ADDITIONAL EXPERIENCES AND/OR SKILLS YOU MAY HAVE.										
HAVE YOU AS AN ADULT EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY OTHER THAN A MINOR TRAFFIC VIOLATION? PLEASE LIST DATE AND NATURE OF OFFENSE.										
HAVE YOU BEEN CONVICTED OF ANY OFFENSE INVOLVING THE SEXUAL MOLESTATION, PHYSICAL OR SEXUAL ABUSE, OR RAPE OF A CHILD? IF YES EXPLAIN										
THE ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT AS PART OF NORMAL EMPLOYMENT PROCEDURES, A ROUTINE INQUIRY MAY BE MADE CONCERNING INFORMATION ON MY CHARACTER, GENERAL REPUTATION, CREDIT, PERSONAL CHARACTERISTICS AND MODE OF LIVING. I AUTHORIZE SUCH INVESTIGATION AND UNDERSTAND THAT, UPON WRITTEN REQUEST, INFORMATION AS TO THE NATURE AND SCOPE OF THE INQUIRY, IF ONE IS MADE, WILL BE PROVIDED.										
SIGNATUREDATE										
VIRGINIA DRIVER'S LICENSE NO:										