

Application for Employment

Mount Rogers Community Mental Health
and Mental Retardation Services Board
770 West Ridge Road
Wytheville, Virginia 24382

Please Print in Ink

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____

NAME _____
LAST FIRST MIDDLE

STREET ADDRESS _____

CITY STATE ZIP CODE

TELEPHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

If necessary, best time to call you at home is..... _____

May we contact you at work?..... YES NO

If yes, work number and best time to call..... (_____) _____

If you are under 18, can you furnish a work permit?..... YES NO

Have you ever been employed here before? AREA CODE NUMBER TIME

If yes, give dates..... From _____ / _____ / _____ To _____ / _____ / _____

Are you legally eligible for employment in this country?..... YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work..... _____ / _____ / _____

Type of employment desired:..... Full Time Part-Time Substitute/Relief

Are you on a layoff and subject to recall?..... YES NO

Will you travel if job requires it?..... YES NO

Will you work overtime if required?..... YES NO

If required by the employer, will you undergo a pre-employment physical?..... YES NO

Have you ever been bonded?..... YES NO

Have you been convicted of or are you the subject of pending felony and/or misdemeanor charges? YES NO
(Such conviction may be relevant to your employment subject to the Mental Health Code of Virginia.)

If Yes, please explain: _____

In accordance with Virginia Legislation, and agency policy, the Mount Rogers Community Mental Health and Mental Retardation Services Board will conduct a fingerprint-based criminal history check and a Registry Check for founded complaints of Child Abuse and Neglect on applicants who are offered and accept employment with the Board. Any applicant who, if hired, is unwilling to be fingerprinted or have a Registry Check need not apply for vacancies within the agency.

Driver's license number (If required by job)..... _____ State _____

(NOTE: A DMV Safe Driving Record may be required prior to employment in some job classifications)

AN EQUAL OPPORTUNITY EMPLOYER
SERVING SMYTH, WYTHE, BLAND, GRAYSON AND CARROLL COUNTIES AND THE CITY OF GALAX

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment. If you wish to include more than your last four (4) employers, use separate Employment History form.

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURLY RATE FINAL		
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		\$	PER	

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURLY RATE FINAL		
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		\$	PER	

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURLY RATE FINAL		
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		\$	PER	

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURLY RATE FINAL		
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		\$	PER	

NAME _____ LAST _____ FIRST _____ MIDDLE _____

Supplemental Employment History

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HOURLY RATE	
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES				

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HOURLY RATE	
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES				

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HOURLY RATE	
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES				

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HOURLY RATE	
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES				

NAME _____ LAST _____ FIRST _____ MIDDLE _____

Supplemental Employment History

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURLY RATE		
		FINAL		
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		\$	PER	

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURLY RATE		
		FINAL		
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		\$	PER	

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURLY RATE		
		FINAL		
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		\$	PER	

EMPLOYER	TELEPHONE	DATES EMPLOYED		Number & Titles of Employees you supervised.
		FROM	TO	
ADDRESS				
JOB TITLE	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURLY RATE		
		FINAL		
SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES		\$	PER	

NAME _____
LAST FIRST MIDDLE

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the Mount Rogers Community Services Board.

Educational Background

A. List last three (3) schools attended, starting with last one. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. MAJOR	D. MINOR

References

List name and telephone number of three business/work references who are not related to you.
 If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept in an active file for 6 months. At the conclusion of this time, if I still wish to be considered for employment, it will be necessary for me to fill out a new application. I understand that in order to apply for any additional jobs, I should contact Mount Rogers Community Services Board Administrative Office at (276) 223-3216 during the time period specified in the advertisement for such job.

This application will be active for 6 months. After six months, if I still wish to be considered for employment with Mount Rogers CSB, I understand that it will be necessary for me to complete a new application.

Signature _____ Date _____

ALL APPLICATIONS MUST BE DELIVERED OR MAILED TO THE ADDRESS BELOW AND POSTMARKED NO LATER THAN THE APPLICATION DEADLINE. APPLICATIONS WILL NOT BE ACCEPTED AT ANY OTHER MOUNT ROGERS C.S.B. FACILITY OR LOCATION.

**Mount Rogers Community Mental Health
and Mental Retardation Services Board**
770 West Ridge Road
Wytheville, Virginia 24382

