

Employment Application

Skyline CAP, Inc.

A Community Action Program

532 South Main Street / P.O. Box 588

540-948-2237

Madison, Virginia 22727

FAX: 540-948-2264

HEAD START

540-948-3916

An Equal Opportunity Employer Who Does Not Discriminate In Hiring Or Employment Decisions On The Basis Of Race, Color, Religion, Sex, National Origin, Handicap, Or Age.

Instructions: Please Read This Application Completely Before Completing Any Information!

The information you supply will be used to evaluate your qualifications for employment with Skyline CAP and may be used in making the decision on whether or not to interview you. Therefore, it is important that you supply all requested information thoroughly and completely. Do not leave any question or space blank. If it does not apply to you, indicate that this is the case. A resume may not be substituted for this application; however, you may attach one if you feel it would help us evaluate your qualifications. Please type or print legibly. Illegible or incomplete applications may not be considered. You will be notified as soon as possible after we have made a decision concerning the status of your application. A new application is required for each position you wish to be considered for. If your address or phone number changes it is your responsibility to notify us in writing. If you have any questions about the application process please call our Human Resources office at the number listed above.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH SKYLINE CAP, Inc.

Personal Information:

Position Applied For: _____ Application Date: _____

Name: _____ Social Security #: _____

____ Last First MI

Address: _____ Phone/HM: _____

Number Street Apt. # Area Code

Are you at least 18 years of age? () yes () no

City State Zip

Date Available to Start: _____

Are you available to work: [] Part-time [] Full-time [] Either
[] Permanent [] Temporary [] Any

Are you willing to accept employment which requires you to work evenings: { } Yes { } No

Are you willing to accept employment which requires you to travel? { } Yes { } No
{ } Day { } Overnight

Are you willing to provide your own transportation if required to travel? { } Yes { } No

Are you legally eligible for employment in the United States? { } Yes { } No

(You are legally eligible if you are a US citizen or have an appropriate work permit issued by the US Dept of Justice or US Dept of Labor.)

Have you ever worked under another name? { } Yes { } No

If yes, what was that name and what was the reason for the change? _____

Have you ever worked for our company before? Yes No
 If yes, what year and in what position?

Do you have any relatives or friends who work for the company? Yes No
 If yes, who and where do they work?

Have you ever done any volunteer work? Yes No
 If yes, describe:

Have you ever been convicted for any violation(s) of law, including moving traffic violations?
 (A conviction will not necessarily result in the denial of employment) Yes No

If yes, please provide the following:

Description of offense:

__ Statute or ordinance (if known):

___ Date of Charge: _____ Date of Conviction: _____

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? Yes No

If yes, please explain and list offices held:

Educational Information

Education:(Circle Highest Grade Completed) 6 7 8 9 10 11 12 13+

High School Attended

Location

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Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes No

If yes, please describe:

List all Colleges, Universities and Professional/Technical Schools attended starting with the most recent.

Name/Location	Date Attended		Major/Minor	Hours	Degree/YR.
	To	From			

License (other than driver's) certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by

Military Experience

Date	Branch of Service	Rank	Description of Duties

Work Experience

List all positions you have held. Start with your present position and work backward in chronological order. (If you need more space please attach an additional sheet in the same format.)

Company Name	Address	Telephone
Supervisor	Pay Rate	Date Employed
Job Title:		
Reason for Leaving		
Job Duties:		
Company Name	Address	Telephone
Supervisor	Pay Rate	Date Employed
Job Title:		
Reason for Leaving		
Job Duties:		
Company Name	Address	Telephone
Supervisor	Pay Rate	Date Employed
Job Title:		
Reason for Leaving		

If applying for a clerical position please indicate your typing speed: _____

Do you have a valid driver's license? { }Yes { }No

If yes, please specify: Type: _____ State: _____

References

List three people not related to you who can provide us with information concerning your qualifications for employment

Name	Name	Name
Company	Company	Company
Address	Address	Address
Telephone	Telephone	Telephone

I certify that the information provided on this application is true, complete and accurate to the best of my knowledge. I understand that misrepresentation of any fact may be cause for my disqualification from further consideration for the position applied for or may result in my termination if hired for the position. I understand that if I am hired, my employment and compensation may be terminated with or without cause or notice at any time at the option of either the company or myself. I consent to references and former employers being contacted regarding this application. You have my permission to obtain my college transcript and verify license, certificate or other authorization to practice a trade or profession.

Signature _____ Date _____

Do Not Write Below This Line!

Office Use Only

References Mailed _____ Returned _____

Screening Results _____ Offer Position: { }Yes { }No

Interview Results: _____

____ Supervisor:
Location: _____

Start Date: _____ Dept. _____

Start Rate: _____ Step: _____

A hand up to those in need through actions that promote self-sufficiency."