

Please print in ink (preferably black) or use typewriter

Number of attachments \_\_\_\_\_

Position: \_\_\_\_\_

# Breaks Interstate Park

An Equal Opportunity Employer



Send or deliver this application directly to:  
Breaks Interstate Park  
PO Box 100  
Breaks, VA 24607

## Application for Employment

Employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for \_\_\_\_\_  
(one per application)

3. Full legal name \_\_\_\_\_  
Last First Middle

5. Home Phone ( ) \_\_\_\_\_

4. Address \_\_\_\_\_

6. Business Phone ( ) \_\_\_\_\_

City State Zip

7. E-mail Address \_\_\_\_\_

### 8. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No

c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

9. **EXPERIENCE** — Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of employment \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time Part-time Hours/week \_\_\_\_\_  
 Number and titles of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of employment \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time Part-time Hours/week \_\_\_\_\_  
 Number and titles of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of employment \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:  
\_\_\_\_\_  
\_\_\_\_\_

e. Automated word processing hardware/software: \_\_\_\_\_

f. License (to include driver's), certificate or other authorization to practice a trade or profession.  
Type \_\_\_\_\_ License Number \_\_\_\_\_ Granted by (licensing board) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. REFERENCES**

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

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**11. MISCELLANEOUS**

a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours \_\_\_\_\_  
b. Check all Employment status you will accept: Full-time Part-time Hourly/Wage Weekends If Part-Time, (specify): \_\_\_\_\_  
c. Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only,  
Occasionally overnight, Frequently overnight, Weekends. \_\_\_\_\_

f. 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.

g. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? Yes No.  
If no, state reason: \_\_\_\_\_

h. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than more than 180 consecutive days of full-time active- duty in the armed forces of the United States or reserve components thereof, including the National Guard?  
the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?  
Yes No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? Yes No

i. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:  
Description of offense: \_\_\_\_\_  
Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction \_\_\_\_\_  
County, City, State of Conviction: \_\_\_\_\_  
(For additional convictions use plain paper. Include all information listed above.)

\*Convictions include juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged. A conviction does not automatically disqualify you from all jobs. A conviction will be judged on its own merits with respect to time, circumstances, seriousness, and the extent to which it is related to the job for which you are applying.

12. 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

13. **CERTIFICATION--Each Application Requires Current Date and Original Signature**  
I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Breaks Interstate Park. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.  
**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

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

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

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

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: \_\_\_/\_\_\_/\_\_\_

Position applied for: \_\_\_\_\_

Position number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

EEO Category: \_\_\_\_\_

How did you find out about this employment opportunity?

- Newspaper\*
- Radio/TV\*
- Website

Other (please specify)

\_\_\_\_\_  
\*specify name of newspaper or other media  
\_\_\_\_\_

Name:

Position applied for:

**Supplementary Experience Form**

**Job Title** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_

**Job Title** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Type of employment \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

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Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_

**Duties:** \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Equipment used \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

**Duties:** \_\_\_\_\_

\_\_\_\_\_

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Number and titles of employees you supervised \_\_\_\_\_

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Your name if different from present \_\_\_\_\_

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Your name if different from present \_\_\_\_\_

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\_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Equipment used \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

Supplementary Experience Form

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_

Duties: \_\_\_\_\_  
Number and titles of employees you supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Type of employment \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_

Duties: \_\_\_\_\_  
Number and titles of employees you supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
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Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
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Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
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Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_

**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

**Duties:** \_\_\_\_\_  
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