



1173 West Main Street
 Abingdon, Virginia 24210
 (276) 623-9000

An Equal Opportunity / Affirmative Action Employer Maintaining a Drug Free Workplace

Application for Employment

Please print in ink (preferably black) or type

Position Applied For: _____
 (One per Application Form)

Office Use Only: Control #: _____

Full Legal Name _____
 Last First Middle

Home Phone _____

Address _____

 City State Zip

Cell Phone _____

Email _____

EDUCATION

Did you graduate high school or do you have a high school equivalency diploma? ? ____ Yes ____ No

If No: Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Circle number of years of post high school education: 0 1 2 3 4 5 6 7 8

Name and location of institution	Degree Received	Major/Specialty	Minor
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

License (to include driver's), certificate 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 professional qualifications:
 (These references are not a substitute for work related references.)

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EXPERIENCE

Starting with the most recent, describe all paid, military and applicable voluntary experience. You may list significantly different jobs within the same organization as separate items.

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Dates (mo/yr) _____ to (mo/yr) _____
Salary beginning \$ _____ ending \$ _____
Hours Worked _____ hours per week

Duties: _____

Number of employees supervised: _____
Reason for leaving _____
Your name if different from present _____

Immediate Supervisor:
Name _____ Title _____ Email _____

- I consent to this supervisor being contacted regarding this application for employment. I further give my permission for this supervisor to give a reference regarding my present or previous work experience.
- Please do not contact this supervisor.

Applicant Signature _____ Date _____

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Dates (mo/yr) _____ to (mo/yr) _____
Salary beginning \$ _____ ending \$ _____
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Job Title _____
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Applicant Signature _____ Date _____

Use Supplementary Experience Form(s) for additional space.

Position Applied For: _____

Office Use Only: Control #: _____

Application Date: _____

How did you find out about this employment opportunity?

- _____ Newspaper*
- _____ Virginia Employment Commission
- _____ Agency Web Site
- _____ People Incorporated Office / Location
- _____ Other: _____

* Please specify name of Newspaper: _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. **This optional information will NOT be kept with your application for employment.** It will be removed from the application prior to it's review for consideration. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the blank for the racial 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 or Asian American (includes Pakistanis, Indians, and Pacific Islanders)
- _____ American Indian (includes Alaskans)

Check the blank for the ethnic group with which you identify:

- _____ Hispanic
- _____ Non-Hispanic

Check the appropriate blank:

- _____ Male
- _____ Female

Please indicate your date of birth: _____/_____/_____

Supplementary Experience Form

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Dates (mo/yr) _____ to (mo/yr) _____
Salary beginning \$ _____ ending \$ _____
Hours Worked _____ hours per week

Duties: _____

Number of employees supervised: _____
Reason for leaving _____
Your name if different from present _____

Immediate Supervisor:
Name _____ Title _____ Email _____

- I consent to this supervisor being contacted regarding this application for employment. I further give my permission for this supervisor to give a reference regarding my present or previous work experience.
- Please do not contact this supervisor.

Applicant Signature _____ Date _____

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Dates (mo/yr) _____ to (mo/yr) _____
Salary beginning \$ _____ ending \$ _____
Hours Worked _____ hours per week

Duties: _____

Number of employees supervised: _____
Reason for leaving _____
Your name if different from present _____

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Applicant Signature _____ Date _____

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Dates (mo/yr) _____ to (mo/yr) _____
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- Please do not contact this supervisor.

Applicant Signature _____ Date _____

PRE-OFFER INVITATION TO SELF-IDENTIFY AS A PROTECTED VETERAN

41 CFR 60-300

People Incorporated of Virginia is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. Our Affirmative Action Plan is designed to set forth and measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. The classifications of protected veterans are defined as follows:

- A "disabled veteran" is: (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. Go to <http://www.opm.gov/staffingportal/vgmedal2.asp> for a list.
- An "Armed Forces service medal veteran" means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209). Go to <http://www.opm.gov/staffingportal/vgmedal2.asp> for a list.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the box below. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

I identify as one or more of the classifications of protected veteran listed above.

I am not a protected veteran.

Name: _____

Signature: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability.¹ Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

Blindness	Autism	Bipolar disorder	Post-traumatic stress disorder (PTSD)
Deafness	Cerebral palsy	Major depression	Obsessive compulsive disorder
Cancer	HIV/AIDS	Multiple sclerosis (MS)	Impairments requiring the use of a wheel chair
Diabetes	Schizophrenia	Missing limbs or partially missing limbs	Intellectual disability (previously called mental retardation)
Epilepsy	Muscular dystrophy		

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.