



NORTHERN VIRGINIA 4-H EDUCATIONAL AND CONFERENCE CENTER

600 4-H Center Drive – Front Royal, VA 22630

Phone: (540) 635-7171 – Fax: (540) 635-6876

www.nova4h.com

APPLICATION FOR EMPLOYMENT

Position Applied for: _____ Today's Date: _____

Home Phone: _____ Cell Phone: _____

Full Legal Name: _____

Last

First

Middle

Address: _____

City

State

Zip

EDUCATION

A. Circle 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 general equivalency diploma? _____ Yes _____ No
Date Received if yes _____.

C. Circle number of years of post high school education. 1 2 3 4 5 6 7

Name and Location of Institution Degree Major/Minor

1. _____

2. _____

EXPERIENCE

A. Job Title _____
Employer _____
Address _____

Duties _____

Phone _____

Immediate Supervisor _____

Title _____

Salary (Start) _____ (Finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Number of employees you supervised _____

Equipment used _____

Reason for leaving _____

Full-time _____ Part-time _____ Hours/Week _____

B. Job Title _____
Employer _____
Address _____

Duties _____

Phone _____

Immediate Supervisor _____

Title _____

Salary (Start) _____ (Finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Number of employees you supervised _____

Equipment used _____

Reason for leaving _____

Full-time _____ Part-time _____ Hours/Week _____

C. Job Title _____
Employer _____
Address _____

Duties _____

Phone _____

Immediate Supervisor _____

Number of employees you supervised _____

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer.



Title _____
Salary (Start) _____ (Finish) _____
Dates (mo/yr) _____ to (mo/yr) _____

Equipment used _____
Reason for leaving _____
Full-time _____ Part-time _____ Hours/Week _____

D. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills. _____

E. License (to include driver's). Certificate or other authorization to practice a trade or profession.
Type _____ License Number _____ Expiration Date _____ Granted By (Licensing Board) _____

It is the policy of The Northern Virginia 4-H Conference and Educational Center to conduct criminal conviction and/or driver's record check on candidates selected for hire.

AUTHORIZATION

I hereby certify that all information provided is 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 to any employment in the service of the Northern Virginia 4-H Educational Center. I understand that all information on this application is subject to verification and I consent to criminal background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Northern Virginia 4-H Educational Center to rely upon and use, as it sees fit, any information received from such contacts.

Date: _____ **Signature** _____

REFERENCES

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

Relationship	Names	Address	Phone
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Check which you will accept: ___ Day ___ Evening ___ Weekend and/or ___ Full-time ___ Part-time.

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.

Have you every been convicted of a traffic violation? ___ Yes ___ No If yes, please list all and explain.

Have you ever been convicted of a felony? ___ Yes ___ No. If yes, please list all and explain.

When will you be available to start work? _____ Month _____ Day _____ Year

Date: _____ Signature: _____