



Generations Crossing
3765 Taylor Spring Lane
Rockingham, VA 22801

Application for Employment

All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin, or disability. The use of this form does not mean there are positions open and does not obligate us in any way.

Position Applied for: _____ Full Time _____ or Part Time _____

Expected Salary per hour \$ _____ Willing to work overtime? _____

Availability between the hours of 6:30 AM – 6:00 PM, M-F: _____

Today's Date: _____ Date available to start: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Phone: _____

Are you at least 18 years of age? _____ How did you hear about us? _____

Have you worked at Generations Crossing before? _____

Education:

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

Name and location of high school: _____ Year graduated: _____

Name of College/University: _____ Dates attended: _____

Degree Received: _____ Minor: _____

Other education or specialized training: _____

Experience:

Job Title _____ Salary _____

Employer: _____ Phone: _____

Address: _____

Supervisor: _____ Employed (from): _____ (to): _____

Duties: _____

Reason for Leaving: _____

May we contact your employer for a reference? Yes No

Job Title _____ Salary _____

Employer: _____ Phone: _____

Address: _____

Supervisor: _____ Employed (from): _____ (to): _____

Duties: _____

Reason for Leaving: _____

May we contact your employer for a reference? Yes No

Job Title _____ Salary _____

Employer: _____ Phone: _____

Address: _____

Supervisor: _____ Employed (from): _____ (to): _____

Duties: _____

Reason for Leaving: _____

May we contact your employer for a reference? Yes No

References:

List names, address and number of three people (not related to you) whom we may contact for information about your qualifications.

Name: _____ Phone: _____

Email: _____ Relationship to Applicant: _____

Name: _____ Phone: _____

Email: _____ Relationship to Applicant: _____

Name: _____ Phone: _____

Email: _____ Relationship to Applicant: _____

Miscellaneous Data:

Have you ever been convicted of an offense? Yes No

If hired, you will be required to have a criminal records background check. Is this acceptable to you?
Yes No

Is there anything that would interfere with your ability to successfully perform the duties of this position? Yes No

Please list any allergies or health concerns: _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes to any of the above questions, please specify:

List person to be contacted in case of an emergency:

Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Address: _____