

Miller Home of Lynchburg

2134 Westerly Drive Lynchburg, VA 24501 (434) 845-0241

An Equal Opportunity Employer

We offer employment to all persons without regard to race, color, religion, age, marital status, sex, national origin, disability, veteran status or any other protected under local, state, or federal laws.

Application for Employment

Position: _____ Date of Application: _____

Personal Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Other Contact: _____

Social Security Number: _____ DOB (optional): _____

Current, valid drivers license (State & License Number) _____

Can you with or without reasonable accommodation, perform the essential functions of this job? _____

When would you be able to begin work? _____

Have you ever applied with this agency before? If so, when _____

Are you legally authorized to work in the United States? _____

Have you ever served in the Armed Forces? If so, list dates and branch of service _____

Have you ever been convicted of a crime or traffic violation? If so, please explain. _____

(Please note that a conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Do you give consent to a search of the Child Protective Services Central Registry, Division of Motor Vehicles, and criminal records? _____

Education and Training

Secondary Education:

Name and Address of High School: _____

_____ Date of Graduation: _____

Undergraduate Education:

Name of College or University: _____

Dates of Attendance: _____ Degree or # of Hours Completed: _____

Graduate Education:

Name of College or University: _____

Dates of Attendance: _____ Degree or # of Hours Completed: _____

Other Education:

Training or Certifications:

Employment (Please list past places of employment beginning with your current or last employer.):

Name and Address: _____

Your position: _____ Salary History (beginning and ending): _____

Dates of Employment: _____ May we contact this employer? _____

Name of Supervisor: _____ Phone: _____

Describe Specific Duties: _____

Reason No Longer Employed: _____

Name and Address: _____

Your position: _____ Salary History (beginning and ending): _____

Dates of Employment: _____ May we contact this employer? _____

Name of Supervisor: _____ Phone: _____

Describe Specific Duties: _____

Reason No Longer Employed: _____

Name and Address: _____

Your position: _____ Salary History (beginning and ending): _____

Dates of Employment: _____ May we contact this employer? _____

Name of Supervisor: _____ Phone: _____

Describe Specific Duties: _____

Reason No Longer Employed: _____

Have you ever been fired or asked to resign from a job? If so, please explain. _____

References (Please list three references that are not related to you)

Name: _____ Relationship: _____

Contact Information: _____

Name: _____ Relationship: _____

Contact Information: _____

Name: _____ Relationship: _____

Contact Information: _____

