

APPLICATION FOR EMPLOYMENT
Children's Advocacy Programs of the Blue Ridge, Inc.
SOUTHERN VA CHILD ADVOCACY CENTER

Children's Advocacy Programs of the Blue Ridge, Inc. is an equal opportunity/affirmative action provider and employer and does not discriminate against otherwise qualified applicants due to race, religion, age, gender, gender identity, gender expression, ethnicity, geography, culture, marital status, family/parental status, veteran status, sexual orientation, income derived from a public assistance program, disability or physical challenges, political beliefs, prior civil rights activity, or any other reason protected by law for employment of volunteer opportunities within the agency.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ Full Time Part Time

Date Available _____ Phone Number _____ (cell/home/other) Email _____

Are you over 18 years old? ___ Yes ___ No Are you legally eligible for employment in the United States? ___ Yes ___ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Verification of graduation is required. Copies of Certification/Licensure required.

High School: No. of Years Completed (*circle one*) 1 2 3 4 **Diploma:** ___ Yes ___ No **G.E.D.:** ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School: Number of Years Completed (*circle one*) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____ State of Virginia License Number _____

License Expiration Date _____ Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, sexual orientation, veteran status or any other protected status.)

OFFICE SKILLS:

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DESCRIBE ANY EXPERIENCE WORKING WITH CHILDREN:

CRIMINAL HISTORY: Any applicant who has lived within another state within the last 7 years; the applicant must provide this agency with a copy of their criminal history and child protective service checks from that state(s) during those time periods. Any individual, for employment or volunteer opportunities, will have additional background checks conducted before any offer of employment or acceptance into a volunteer position is rendered. These will include at a minimum, a national criminal history, sexual offender checks, local background check, social security, as well as, child protective services checks.

Have you ever had a founded or substantiated abuse or neglect finding? ☐ Yes ☐ No

If yes, explain: _____

EMPLOYMENT: List current employer first, including U.S. Military Service.

May we contact your present employer? ☐ Yes ☐ No

If any employment was under a different name, indicate name _____

Employer _____ **Address** _____
Telephone _____ **Position** _____ **Dates of Employment:** **From** _____ **To** _____
Mo/Yr Mo/Yr
Supervisor _____ **Department** _____
Duties _____ **FT** ☐ **PT** ☐ **No. of Hrs.** ____
Reason for Leaving _____

Employer _____ **Address** _____
Telephone _____ **Position** _____ **Dates of Employment:** **From** _____ **To** _____
Mo/Yr Mo/Yr
Supervisor _____ **Department** _____
Duties _____ **FT** ☐ **PT** ☐ **No. of Hrs.** ____
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Mo/Yr Mo/Yr
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Duties _____ **FT** ☐ **PT** ☐ **No. of Hrs.** ____
Reason for Leaving _____

(If you wish to describe additional skills, training or relevant experience, please include on a separate piece of paper.)

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REFERENCES: References must know applicant for at least three years.

Professional	Personal/Non-Family
Name _____	Name _____
Address _____ _____	Address _____ _____
Phone () _____	Phone () _____
 Name _____	 Name _____
Address _____ _____	Address _____ _____
Phone () _____	Phone () _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Childrens Advocacy Programs of the Blue Ridge, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Childrens Advocacy Programs of the Blue Ridge, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for disqualification. Not signing the release related to criminal history checks and child protective services checks are also grounds for disqualification. Applications will be rejected for any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the agency's credibility.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either the Employer or I may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

Complaints of Discrimination – If you wish to file a civil rights program complaint of discrimination complete the USDA Program Discrimination Complaint Form found on-line at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested on the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director of Adjudication, 1400 Independence Ave. S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

2017, 2021, 2024, 2026