

Employment Application

| Personal Information | |
|---|---|
| Name (Last, First, MI): | Date: |
| Street Address: | Mailing Address: |
| City, State, Zip: | |
| Telephone #: | Email: |
| Type of Driver's License: Operators | Chauffeurs I do not have a driver's license |
| Have you ever been convicted of a crime other than a training type, state type and date | |
| Have you ever been convicted of a felony? If yes, state type and date | may be relevant if job related) Yes [] No [] |
| Are you legally eligible for employment in this country? (Proof of U.S. citizenship or work eligibility will be required if employed.) Yes [] No [| |
| Please list any family members/relatives currently emplo | yed by SAAA: |
| Employment Desired | |
| Position applying for: | |
| Date available for work: | Desired hours: Full Time Part-Time |
| Have you worked with us before: Yes [] No [When/How Long: Previous Job Title: Reason For Leaving: | |
| Are you willing to accept employment which requires | occasional travel: Yes [] No [] |
| Will you accept employment which is in: Clarke County Yes [] No [] Frederick County Yes [] No [] Page County Yes [] No [] | Shenandoah County Yes [] No [] Warren County Yes [] No [] Winchester Yes [] No [] |

| Education/Skills | |
|--|---|
| High School: Name: | |
| Address: | |
| Last grade completed: | |
| Graduated: Yes [] No [] | |
| Degree/Major: | |
| College: Name: | _ |
| Address: | _ |
| Last grade completed: | |
| Graduated: Yes [] No [] | |
| Degree/Major: | |
| Other: Name: | _ |
| Address: | _ |
| Last grade completed: | |
| Graduated: Yes [] No [] | |
| Degree/Major: | |
| List any specialized training, additional schooling or educational awards: | |
| | |
| | |
| List any volunteer experience: | |
| | |
| | |
| List any skills you have for position applied for: | |
| | |
| Military Service | |
| Branch: | |

Employment History Applications with missing contact phone numbers will NOT be considered. Beginning with most recent employer: Phone #: _____ Company Name: _____ Supervisor: Position/Job Title: Description of duties: Dates employed: From _____ To ____ Salary: ____ Reason for leaving: Company Name: _____ Phone #: _____ Supervisor: Position/Job Title: Description of duties: Dates employed: From _____ To ____ Salary: ____ Reason for leaving: Company Name: _____ Phone #: _____ Supervisor: Position/Job Title: Description of duties: Dates employed: From _____ To ____ Salary: ____ Reason for leaving: Company Name: _____ Phone #: _____ Address: ____ Supervisor: _____ Position/Job Title: _____ Description of duties: Dates employed: From ______ To _____ Salary: _____ Reason for leaving:

| References (2 professional & 1 personal) | | |
|---|----------|--|
| Name: | Phone #: | |
| Address: | | |
| Relationship: | | |
| Name: | Phone #: | |
| Address: | | |
| Relationship: | | |
| Name: | Phone #: | |
| Address: | | |
| Relationship: | | |
| | | |
| I understand that SAAA may contact the past employers and/or references I have provided in order to verify my past employment and work record. I authorize all past employers, educational institutions, government agencies and/or references to release any and all information concerning my past employment work history, performance, and personal character. I hereby release all such employers, references, and SAAA from any and all liability resulting from damages I may incur in the reference verification process. I understand that my employment or continued employment is contingent upon my successfully completing both reference and background checks. | | |
| This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application. | | |
| Applications with missing contact information or without signatures will not be considered for employment. | | |
| I also understand that if employed by SAAA, my employment is "at will" and can be terminated at any time for any reason either by myself or the Agency. I certify that all information I have provided on this application is accurate. False information or omission of facts on this application may result in automatic rejection of this application, and, if I am employed, subject me to automatic termination. | | |
| Signature: | Date: | |

SAAA is an equal opportunity employer and prohibits discrimination on the basis of race, sex, sexual orientation, gender identity, religion, age, color, creed, national or ethnic origin, disability, marital status, genetic information, and/or military status.