

Holiday Lake 4-H Educational Center

1267 4-H Camp Road Appomattox, VA 24522

Application for Employment

1. Position applied for																			
2. Full legal name																			
Last				First				Middle											
3. Home Phone ()						4. Cell phone ()													
5. E-mail Address																			
6. Mailing Address: Street:																			
City				State				Zip											
7. EDUCATION																			
a. Check 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 high school equivalency diploma?																Yes	No		
c. Check number of years of post high school education including trade school								1	2	3	4	5	6	7					
Name and Location of Institution						Hrs	Degree Received	Major or Specialty	Minor	Dates Attended									
1.																			
2.																			
3.																			
d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:																			
8. EXPERIENCE — list any pertinent experience as it relates to the position in which applying:																			
a. Job Title						Duties:													
Employer																			
Address																			
Phone																			
Type of business																			
Immediate supervisor																			
Title						Number and titles of employees you supervised													
Salary (start)						(finish)	Equipment used												
Dates (mo/yr)						to (mo/yr)	Reason for leaving												
Full-time			Part-time			Hours/week	Your name if different from present												
b. Job Title						Duties:													
Employer																			
Address																			
Phone																			
Type of business																			
Immediate supervisor																			
Title						Number and titles of employees you supervised													
Salary (start)						(finish)	Equipment used												
Dates (mo/yr)						to (mo/yr)	Reason for leaving												
Full-time			Part-time			Hours/week	Your name if different from present												
c. Job Title						Duties:													
Employer																			
Address																			
Phone																			
Type of business																			
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Title						Number and titles of employees you supervised													
Salary (start)						(finish)	Equipment used												
Dates (mo/yr)						to (mo/yr)	Reason for leaving												
Full-time			Part-time			Hours/week	Your name if different from present												
d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:																			

9. REFERENCES:			
List names, addresses and relationships of three persons not related to you who know your qualifications:			
Name	Address	Phone	Relationship
1.			
2.			
3.			
10. Are you willing to accept employment which requires you to travel? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, <input type="checkbox"/> During the day only, <input type="checkbox"/> Occasionally overnight			
11. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks' notice.)			
12. CERTIFICATION: Each Application Requires Current Date and Original Signature			
I hereby certify that all entries on both sides and attachments are 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 of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application.			
Date:		Applicant Signature:	