

Making Positive  
Change in the  
Heart of Appalachia



175 Military Lane  
Gate City, VA 24251  
Phone (276) 452-2441  
Fax (276) 452-2472

**EMPLOYMENT APPLICATION**

The company is an equal opportunity employer. As such, we provide employment opportunities without regard to race, color, religion, national origin, gender, age, disability, veteran status, military service, or other characteristics protected by law.

**POSITION SOUGHT**

Position Applied For: \_\_\_\_\_

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
Last First Middle

Other names by which you have been known and applicable dates:  
\_\_\_\_\_

Current Address: \_\_\_\_\_  
Street (include house, apt. number, etc.) City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you at least 18 years old?  Yes  No

If you are under 18, can you furnish a work permit?  Yes  No

Are you authorized to work in the U.S.?  Yes  No

Do you now, or will you in the future, require sponsorship for employment visa status?  Yes  No

Date you can start work: \_\_\_\_\_

Position desired:  Full-time  Part-time  Temporary  Seasonal  Educational Co-Op

Shift availability (check all that apply):  Day  Evening  Night  Rotating

Day availability (check all that apply):  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Overtime availability:  Yes  No

Have you applied for employment with the company before?  Yes  No

If so, when?: \_\_\_\_\_  
Date Position

Have you ever worked for the company before?  Yes  No

If so: \_\_\_\_\_  
Date Position Location

Driver's License Number (if job-related) \_\_\_\_\_ State \_\_\_\_\_



**EMPLOYMENT HISTORY**

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Have you ever been involuntarily terminated or asked to resign from employment?  Yes  No

If so, give the name of the employer, dates of employment, position held, name of supervisor, and reason for termination/resignation request:

\_\_\_\_\_

Have you ever been counseled, disciplined, terminated or asked to resign as a result of reported workplace harassment, fighting/assault, violation of safety rules, or other inappropriate condition?  Yes  No

If so, give the name of the employer, date and description of incident:

\_\_\_\_\_

List your complete employment history, including military service, starting with your present status. All periods of unemployment must be identified as "Unemployed" and dates of unemployment identified. Do not leave time gaps. If necessary, use Supplemental Employment History form to provide all information.

Name of employer: \_\_\_\_\_

Position(s) held, job responsibilities, salary, supervisor and dates: \_\_\_\_\_

Address/phone number of location where you worked: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Position(s) held, job responsibilities, salary, supervisor and dates: \_\_\_\_\_

Address/phone number of location where you worked: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Position(s) held, job responsibilities, salary, supervisor and dates: \_\_\_\_\_

Address/phone number of location where you worked: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EDUCATION**

Name and Location	Years Completed	Did You Graduate?	Degree
High School _____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____	<input type="checkbox"/> Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade School _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate School _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**REFERENCES**

(List 3. Do not list relatives, domestic partners, or former employers.)

Name _____	Occupation: _____
Complete Address _____	
Phone number ( ____ ) _____	Dates known: _____
Name _____	Occupation: _____
Complete Address _____	
Phone number ( ____ ) _____	Dates known: _____
Name _____	Occupation: _____
Complete Address _____	
Phone number ( ____ ) _____	Dates known: _____

**CRIMINAL HISTORY**

Have you ever been convicted of (or pleaded guilty or no contest or paid a fine for) ANY criminal offense of ANY type whatsoever (this includes but is not limited to felonies, misdemeanors, DWI, hunting offenses, domestic violence, city or county ordinances)?  Yes  No

If so, list all offense(s), date(s) of conviction/plea, county/city/state of conviction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL CERTIFICATIONS**

List all professional licenses, certifications, etc., that may be related to the position you are applying for and list dates issued and name of the organization granting the license, certification, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List and describe any special skills, second languages, or other training you have that may be related to your employment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **IMPORTANT INFORMATION**

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I certify that the information provided on this application form, along with all other information I have provided to the company, is accurate and complete. I understand that any misrepresentations or omissions will be cause for not hiring me or for terminating my employment, once hired.

I understand that the company will undertake, and I authorize the company to undertake, any investigation it deems necessary in considering me for employment or, if hired, my continued employment. I expressly authorize any present or former employer; school, college, or university; utility company; credit or finance bureau; personal reference; chief law enforcement officer; any member of any local, state, or federal law enforcement agency; or any other person to give the company any information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit, reputation, mode of living, education, or criminal record. I unconditionally release the company and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided.

I understand that this application will be active only for the specific position identified above and only during the period the company is seeking to fill the current opening(s), and that any job offer, or if hired, my continued employment, may be conditioned upon a medical examination and/or alcohol or drug testing.

I understand that, if hired, my employment will be strictly at will. That means that my employment is for an indefinite period and that the company or I may terminate the employment at any time, for any or no reason, with or without notice or intermediate steps. I further understand that no verbal statements or statements in any company policy or procedure manual, employee handbook, or other document shall be construed to have altered the at-will nature of my employment. No company manager or representative shall be authorized to make any representations to the contrary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMPLOYMENT APPLICATION SUPPLEMENTAL FORM**

**EMPLOYMENT HISTORY**

List your complete employment history, including military service, starting with your present status. All periods of unemployment must be identified as "Unemployed" and dates of unemployment identified. Do not leave time gaps. If necessary, use additional Supplemental Employment History forms to provide all information.

Name of employer: \_\_\_\_\_

Address/phone number of location where you worked:

\_\_\_\_\_  
\_\_\_\_\_

Position(s) held, job responsibilities, salary, supervisor, and dates:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

Name of employer: \_\_\_\_\_

Address/phone number of location where you worked:

\_\_\_\_\_  
\_\_\_\_\_

Position(s) held, job responsibilities, salary, supervisor, and dates:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

Name of employer: \_\_\_\_\_

Address/phone number of location where you worked:

\_\_\_\_\_  
\_\_\_\_\_

Position(s) held, job responsibilities, salary, supervisor, and dates:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT APPLICATION SUPPLEMENTAL FORM**

**DRIVING HISTORY**

**If the position you seek requires you to drive a vehicle, please answer the following questions.**

Do you have a valid driver's license?  Yes  No

If yes, list state, number, and expiration date:

\_\_\_\_\_

List all states from which you have held a driver's license and dates held

\_\_\_\_\_

Has your driver's license, permit, or privileges ever been suspended, revoked, or canceled?

Yes  No

If so, list state(s), date(s), and reason(s):

\_\_\_\_\_

\_\_\_\_\_

Have you ever been denied a driver's license, permit, or privilege to drive by a government agency or employer?  Yes  No

If yes, list date(s), government agency(ies)/employer(s), and reason(s):

\_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with any traffic-related offenses?  Yes  No

If yes, list all offense(s), date(s), location(s), and result(s):

\_\_\_\_\_

\_\_\_\_\_

**If the position you seek requires you to operate a commercial motor vehicle, please answer the following questions.**

Name of all employers for whom you operated a commercial motor vehicle during the past 10 years:

\_\_\_\_\_

Note: Be sure that these employers, addresses, dates of employment, and reasons for leaving are identified in the employment history section of the application.

During the previous two years, have you:

- |   |  |
|---|--|
| 1) Had an alcohol test result of 0.04 alcohol concentration or greater? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Had a verified positive controlled substance test result?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Refused to take an alcohol or drug test?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |