

Virginia

Application for Employment

Communications Corporation of America
13129 Airpark Drive Suite 120
Elkwood, VA 22718



Equal access to programs, services, and employment opportunities is available to all persons without regard to race, color, religion, national origin, sex (including pregnancy), age, marital status, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____

Address _____

Telephone # _____ Cell / Other Phone # _____ E-mail Address _____

Position(s) applied for _____ Date of application _____

Referral Source (e.g. Walk-in, Job Posting, Website, etc.) _____

If necessary, best time to call you is.... _____ Home Cell / Other

May we contact you at work? Yes No _____

If you are under 18 and it is required, can you furnish a work permit?..... N/A Yes No
If no, please explain: _____

Have you ever submitted an application here before?..... Yes No
If yes, give date(s) and position(s) _____

Have you ever been employed at CCA before?..... Yes No
If yes, give dates: From: _____ To: _____
Is this application a request for reemployment following an extended military leave of absence from this company? Yes No
If yes, additional information may be requested

Are you lawfully authorized to work in the United States?..... Yes No

Date available to work.....

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Type of employment desired: Full-Time Part-Time Educational Co-Op Seasonal Temporary

Will you relocate if job requires it?..... Yes No

Will you travel if job requires it?..... Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if required?..... Yes No
If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodations)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later state to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: _____ State: _____

Have you ever been bonded?..... Yes No

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime?

NOTE: Answering "yes" to this question does not constitute an automatic bar of employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

You are not obligated to disclose expunged records of conviction or arrest..... Yes No

If yes, please provide date(s) & details _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If yes, please provide date(s) & details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer: _____ Tel: _____
Address: _____ City: _____ State: _____
Job Title: _____
Supervisor: _____
Why did you leave: _____

Dates Employed: _____ / _____ to _____ / _____

Compensation (Starting)			
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____	per
Commission/Bonus/Other Compensation			\$ _____
Compensation (Final)			
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____	per
Commission/Bonus/Other Compensation			\$ _____

May we contact your previous supervisor for reference?
Summarize the type of work performed & responsibilities:
What did you like most about your position?
What did you like least about the position?

Yes No Later If yes, E-mail: _____

Employer: _____ Tel: _____
Address: _____ City: _____ State: _____
Job Title: _____
Supervisor: _____
Why did you leave: _____

Dates Employed: _____ / _____ to _____ / _____

Compensation (Starting)			
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____	per
Commission/Bonus/Other Compensation			\$ _____
Compensation (Final)			
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____	per
Commission/Bonus/Other Compensation			\$ _____

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What did you like most about your position?
What did you like least about the position?

Yes No Later If yes, E-mail: _____

Employer: _____ Tel: _____
Address: _____ City: _____ State: _____
Job Title: _____
Supervisor: _____
Why did you leave: _____

Dates Employed: _____ / _____ to _____ / _____

Compensation (Starting)			
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____	per
Commission/Bonus/Other Compensation			\$ _____
Compensation (Final)			
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____	per
Commission/Bonus/Other Compensation			\$ _____

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Yes No Later If yes, E-mail: _____

Employer: _____ Tel: _____
Address: _____ City: _____ State: _____
Job Title: _____
Supervisor: _____
Why did you leave: _____

Dates Employed: _____ / _____ to _____ / _____

Compensation (Starting)			
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____	per
Commission/Bonus/Other Compensation			\$ _____
Compensation (Final)			
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Commission/Bonus/Other Compensation			\$ _____

May we contact your previous supervisor for reference?
Summarize the type of work performed & responsibilities:
What did you like most about your position?
What did you like least about the position?

Yes No Later If yes, E-mail: _____

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

<input type="checkbox"/> Word Processing	_____	Level: _____	<input type="checkbox"/> Internet	_____	Level: _____
<input type="checkbox"/> Spreadsheet	_____	Level: _____	<input type="checkbox"/> Other	_____	Level: _____
<input type="checkbox"/> Presentation	_____	Level: _____	<input type="checkbox"/> Other	_____	Level: _____
<input type="checkbox"/> E-mail	_____	Level: _____	<input type="checkbox"/> Other	_____	Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City and State)	# of Years Completed	Completed	GPA Class Rank	Major / Minor
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: Enter here		
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: Enter here		
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: Enter here		
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: Enter here		

References

List the names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	#of Years Known

Related Information

When answering these questions, please exclude any information that would reveal race, color, religion, national origin, sex (including pregnancy), age, marital status, disability, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

Applicant Statement (continued)

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, religion, national origin, sex (including pregnancy), age, marital status, disability, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____



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