



Employment Application

Substitute/Nanny Registration

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of Review (Month/Day/Year) / /
Applicant Data How were you referred to us:	Position registering for:

Full Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ Mobile _____ Email _____

Date available for placement _____ Social Security# _____ Salary Requirement _____

If you are under 18 years and require a work permit, can you furnish one? YES NO

If no, please explain: _____

Have you ever registered with this service before YES NO If yes, when? _____

Are you a citizen of the United States? YES NO

Type of placement desired: Full-time _____ Part time _____ Temporary _____ Seasonal

Have you ever pleaded "guilty" or "no contest," or been convicted of a crime? YES NO

If yes, give dates and details: _____

Answering "Yes" to these questions does not constitute an automatic rejection for placement. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's License number is applicable to registration: _____ State: _____

Education	Name of Institution	Year of Completion	Degree Completed
High School			
College			

Previous Employment (begins with most recent positions):

Date of employment: From ____/____/____ to ____/____/____ Position(s) held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____ May we contact this employer for a reference? Yes No

Date of employment: From ____/____/____ to ____/____/____ Position(s) held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____ May we contact this employer for a reference? Yes No

Date of employment: From ____/____/____ to ____/____/____ Position(s) held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____ May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, educational, and other related matters as may be necessary for a placement decision. I hereby release employers, schools, or individuals from all liability when responding to inquires in connection with my application.

In the event I am registered or employed by a center, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. In addition, if I violate the code of conduct I may be discharged.

Signature of Applicant: _____ Date: _____

Fax to: 804.730.7036 or mail to: P.O. Box 1025, Mechanicsville, Virginia 23111