

Please complete this form, when finished, print, sign, and return to: Rappahannock Area Agency on Aging

Fax: (540) 371-3384

Email: HR@raaa16.org



Rappahannock Area Agency on Aging

460 Lendall Lane

Fredericksburg, VA 22405

ONLY signed & dated applications
will be considered.

Application for Employment

Position applied for: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City and State) (Zip)

Telephone #: _____

Driver's License Number: _____ DL State: _____

Date available to begin employment: _____

Are you currently employed? ___ yes ___ no

If yes, may we contact your current employer? ___ yes ___ no

Current employer's phone #: _____

Will you accept employment that requires the use of your personal automobile? ___ yes ___ no

Do you have any special needs?

If so, explain: _____

EDUCATION

School Name	Location		Years Attended		Degree	GPA
	City	State	From	To		

Other training: _____

ABILITIES, EXPERIENCE, SKILLS

In this section, describe abilities, skills, and experience that particularly qualifies you for the position for which you are applying.

CERTIFICATES, LICENSES

In this section, list any professional or trade certificates or licenses you possess. State the date and authority for each.

WORK HISTORY

Month/Year Employed		Employer:
From	To	Address:
		Position held:
		Reason for leaving:
Salary		Name and title of supervisor:
Starting	Ending	Machines used:
		Briefly describe your duties:

Month/Year Employed		Employer:
From	To	Address:
		Position held:
		Reason for leaving:
Salary		Name and title of supervisor:
Starting	Ending	Machines used:
		Briefly describe your duties:

WORK HISTORY (continued)

Month/Year Employed		Employer:
From	To	Address:
		Position held:
		Reason for leaving:
Salary		Name and title of supervisor:
Starting	Ending	Machines used:
		Briefly describe your duties:

Month/Year Employed		Employer:
From	To	Address:
		Position held:
		Reason for leaving:
Salary		Name and title of supervisor:
Starting	Ending	Machines used:
		Briefly describe your duties:

Have you ever been discharged or forced to resign? ___ yes ___ no

If yes, give date, employer's name, address, and reason: _____

VOLUNTEER EXPERIENCE *(relating to the position for which you are applying)*

Date	Organization	Nature of work

REFERENCES

1. Name:	Phone #:
Address:	Occupation:
2. Name:	Phone #:
Address	Occupation:
3. Name:	Phone #:
Address:	Occupation:

I hereby certify that this application is a completed record and that all entries given in it are true and accurate to the best of my knowledge. I authorize investigation of all statements contained on this application. I understand that misrepresentation or omission of facts called for is cause for dismissal if employed.

Date: _____ Signed: _____

Please note Pre-employment screening will include: Drug Testing, Background Screening, Non-DOT Medical Physical, Driving History Check

RAAA is an Equal Opportunity Employer

Rappahannock Area Agency on Aging does not discriminate on the basis of race, color, or national origin. Rappahannock area Agency on Aging is committed to ensuring that no person shall, on the grounds of race, color, national origin, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (PL 100.259), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, whether those programs and activities are federally funded or not. If you would like to submit a complaint on the basis of discrimination please direct inquiries to Title VI Compliance Manager, 460 Lendall Lane, Fredericksburg, VA 22405