

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.*

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**CERTIFICATES, LICENSES**

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

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**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