

# Walnut Grove Employment Application

4238 Burrough Dr.  
Warrenton, VA. 20187

## Employment Application forms

### *Applicant Information:*

Date: \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address  
\_\_\_\_\_

City, State, Zip Code  
\_\_\_\_\_

Phone Number  
\_\_\_\_\_

Email Address  
\_\_\_\_\_

How were you referred to Company?  
\_\_\_\_\_

Are you eligible to work in the United States?  Yes or  No

### *Employment Positions:*

Position(s) applying for: \_\_\_\_\_

Are you applying for:

\* Temporary work - such as summer or holiday work?  Y or  N

\* Regular part-time work?  Y or  N

\* Regular full-time work?  Y or  N

What days and hours are you available for work? \_\_\_\_\_

Are you flexible to work as needed when asked to cover for absent employees to maintain State of Va. child care ratios?  Y or  N

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

***Personal Information:***

Have you ever applied to / worked for this Company before? ( ) Y or ( ) N

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for this Company?

( ) Y ( ) N

If yes, state name & relationship: \_\_\_\_\_

If hired, would you have transportation to/from work? ( ) Y ( ) N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)

( ) Y or ( ) N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? ( ) Y or ( ) N

If hired, would you be willing to submit to and pass a random controlled substance test? ( ) Y or ( ) N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? ( ) Y or ( ) N

If no, describe the functions that cannot be performed

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

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Y or  N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

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(Note: No application will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

***Education, Training and Experience:***

High School:

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / diploma earned: \_\_\_\_\_

College / University:

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / diploma earned: \_\_\_\_\_

***Employment History:***

Present Or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Your Position Title: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact Your Present Employer?  Y or  N

***Previous Position:***

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Your Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for

Leaving: \_\_\_\_\_

\_\_\_\_\_

May We Contact Your Previous Employer? ( ) Y or ( ) N

***Previous Position:***

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Your Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for

Leaving: \_\_\_\_\_

\_\_\_\_\_

May We Contact Your Previous Employer? ( ) Y or ( ) N

***References:***

Name/Title, Address, Phone:

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***References:***

Name/Title, Address, Phone:

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I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Emergency Contact:***

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone number:

\_\_\_\_\_