

**APPLICATION FOR EMPLOYMENT**

**DANVILLE-PITTSYLVANIA**

**COMMUNITY SERVICES**

**245 HAIRSTON STREET**

**DANVILLE, VIRGINIA 24540**

**434-799-0456**

**INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION**

1. The information you supply on this application will be used to evaluate your qualifications for employment with DANVILLE-PITTSYLVANIA COMMUNITY SERVICES and may be used in making the decision on whether or not to interview you. Therefore, it is important that you supply all requested information thoroughly and completely. Do not leave any question or space blank. If it does not apply to you, indicate that this is the case.
2. Applications will only be accepted for advertised job vacancies. Indicate exact job title on application. Submit all documents requested in advertisement.
3. A separate application must be completed for each position for which you apply.
4. Applications that are received unsigned, incomplete, or after the closing date will not be considered for employment.
5. Resumes may not be substituted for DANVILLE-PITTSYLVANIA COMMUNITY SERVICES application, but may be included for supplemental information.
6. After a hiring selection has been made, the applications will be retired. They will not be automatically reviewed for future vacancies.

Employees of the Agency and applicants for employment shall be afforded equal opportunity in all aspects of employment, without regard to race, religion, color, national origin, political affiliation, age, gender, sexual orientation, disabilities, or marital status, except where religion, national origin, or gender is a bona fide occupational qualification reasonably necessary to the normal operation of the Agency.

**GENERAL INFORMATION** *(Please type or print legibly in dark ink.)*

<b>Position Applied For (one per application)</b>	<b>Position Number</b>	<b>Date</b>
Name _____		(    ) _____
Last                      First                      Middle		Home Phone No.
Address _____		(    ) _____
Street                      City                      State                      Zip Code		Work Phone No.
Email Address _____		(    ) _____
		Cell Phone No.
Social Security No _____ Names Previously Used _____		

Have you previously been employed at this Community Services Board which has served the population of the city of Danville and Pittsylvania County since 1972?

Yes       No      If yes, when? \_\_\_\_\_

**EDUCATION**

Last High School Attended \_\_\_\_\_ Location \_\_\_\_\_ Graduated  Yes  No

If you did not complete high school, do you have a GED?  Yes  No

List all colleges, universities, and professional/technical schools attended. Start with most recent. If you need additional space, please add a separate sheet of paper.

NAME & LOCATION OF INSTITUTION	DEGREE	MAJOR	DATE DEGREE RECEIVED, IF APPLICABLE	HOURS COMPLETED
1.				
2.				
3.				

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected date of completion: \_\_\_\_\_

**WORK EXPERIENCE** - List all positions you have held. Include paid, military, and any relevant volunteer experience. Start with your present position and work backward in chronological order. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment in the space indicated. If you need more space, attach additional sheets in the same format.

May we contact your present supervisor?  Yes  No (Not applicable for current DPCS employees)

If no, please state reason: \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ MOIYR \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MOIYR \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_ FULL-TIME ( ) PART-TIME ( ) HRS/WK \_\_\_\_\_

POSITION RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ NO. STAFF SUPERVISED \_\_\_\_\_

NAME OF DIRECT SUPERVISOR \_\_\_\_\_  
=====

POSITION TITLE \_\_\_\_\_ MOIYR \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MOIYR \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_ FULL-TIME ( ) PART-TIME ( ) HRS/WK \_\_\_\_\_

POSITION RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ NO. STAFF SUPERVISED \_\_\_\_\_

NAME OF DIRECT SUPERVISOR \_\_\_\_\_  
=====

POSITION TITLE \_\_\_\_\_ MOIYR \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MOIYR \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_ FULL-TIME ( ) PART-TIME ( ) HRS/WK \_\_\_\_\_

POSITION RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ NO. STAFF SUPERVISED \_\_\_\_\_

NAME OF DIRECT SUPERVISOR \_\_\_\_\_

**WORK EXPERIENCE** CONTINUED

POSITION TITLE \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 MOIYR \_\_\_\_\_ MOIYR \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_ FULL-TIME ( ) PART-TIME ( ) HRS/WK \_\_\_\_\_  
 POSITION RESPONSIBILITIES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ NO. STAFF SUPERVISED \_\_\_\_\_  
 NAME OF DIRECT SUPERVISOR \_\_\_\_\_  
 =====

POSITION TITLE \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 MOIYR \_\_\_\_\_ MOIYR \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_ FULL-TIME ( ) PART-TIME ( ) HRS/WK \_\_\_\_\_  
 POSITION RESPONSIBILITIES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ NO. STAFF SUPERVISED \_\_\_\_\_  
 NAME OF DIRECT SUPERVISOR \_\_\_\_\_  
 =====

**PERIODS OF UNEMPLOYMENT**

FROM	TO	REASON

**FOR OFFICE USE ONLY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements, or specialized skills. If you need additional space, please add a separate sheet of paper.

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**WORD PROCESSING PROGRAMS USED:** \_\_\_\_\_

Typing Speed \_\_\_\_\_ words per minute; Shorthand Speed \_\_\_\_\_ words per minute

Do you have a valid Driver's License?  Yes  No State \_\_\_\_\_

List all other licenses, certifications, or other authorizations to practice a trade or profession. Please give type, license number, expiration date, and granting licensing board.

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**REFERENCES** - List names, address and relationship of three professional references not related to you who know your qualifications:

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			

**MISCELLANEOUS INFORMATION**

- What date will you be available for work? \_\_\_\_\_
- Are you willing to accept employment that requires working: Evenings? Yes  No ; Holidays? Yes  No ; Weekends? Yes  No
- Are you willing to accept employment that requires you to travel? Yes, during the day ; Yes, overnight ; No, I will not travel
- Are you willing to provide your own transportation if required to travel? Yes  No
- Are you legally eligible for employment in the United States? Yes  No  (You are legally eligible if you are a U.S. citizen or have an appropriate work permit issued by the U. S. Department of Justice or U. S. Department of Labor.)
- Have you ever been convicted of a crime (whether a felony or misdemeanor), other than minor traffic offenses? Yes  No  (You should not list any crime for which you were tried and convicted as a juvenile).  
If the answer is yes, list all such convictions and explain \_\_\_\_\_

A conviction will not automatically disqualify you from consideration for the position. Rather, such factors as date of conviction, seriousness and nature of offense, and evidence of rehabilitation will be considered.

- Are you a relative, dependent, or reside in the same household of a current employee of this Agency? (Relative is defined as being a spouse, child, stepchild, parent, stepparent, foster parent, parent of spouse, brother, sister, grandchild, grandparent, or guardian. Dependent is defined as a person, whether or not related by blood or marriage, which receives more than one-half financial support from employee.)  
 Yes  No Name of current employee \_\_\_\_\_ Relationship \_\_\_\_\_

**CERTIFICATION** - *Photocopies of this application are acceptable; however, current dates and original signatures are required.*

I hereby certify that all entries on this application and any attachments thereto are true and complete, and any alteration made to this application form will be considered as falsification of the application. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of DANVILLE-PITTSYLVANIA COMMUNITY SERVICES. I understand that all information on this application is subject to verification and hereby authorize any of my references, present employers, former employers and schools to furnish DANVILLE-PITTSYLVANIA COMMUNITY SERVICES with any information they may have concerning my service or employment history including, without limitations, all the contents of my personnel file. I further understand that an offer of employment from DANVILLE-PITTSYLVANIA COMMUNITY SERVICES must be in writing to be considered valid. I release DANVILLE-PITTSYLVANIA COMMUNITY SERVICES and all providers of information from any liability as a result of furnishing and receiving information. DANVILLE-PITTSYLVANIA COMMUNITY SERVICES is a drug-free workplace and all final applicants for employment will be asked to take a drug test. Refusal to take the drug test or failure to pass the drug test shall be a violation of Agency policy.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# DANVILLE-PITTSYLVANIA COMMUNITY SERVICES

To meet the requirements of federal regulations, we need to collect the following information for record keeping purposes. This information will NOT be used for making employment decisions and NOT be kept with your application for employment. Response is strictly on a voluntary basis. Not responding to this questionnaire will not disqualify you as an applicant.

Check the category below for the racial or ethnic group with which you identify:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Check the category that is appropriate for education completed (Check only one):

- |  |  |
|--|--|
| <input type="checkbox"/> High School Graduate or GED                 | <input type="checkbox"/> Master's Degree                             |
| <input type="checkbox"/> College Graduate                            | <input type="checkbox"/> Graduate Study Beyond Master's Requirements |
| <input type="checkbox"/> Attended Graduate School (# of years) _____ | <input type="checkbox"/> Ph.D. or Professional Degree                |

Check Appropriate Gender:       Male       Female

POSITION APPLIED FOR \_\_\_\_\_ POSITION NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

How did you **first** find out about this employment opportunity? **(Please check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> DPCS Website                    | <input type="checkbox"/> DPCS Employee  |
| <input type="checkbox"/> Newspaper (Name of Paper) _____ | <input type="checkbox"/> Other Website (Specify) _____                              |
| <input type="checkbox"/> DPCS Job Board                  | <input type="checkbox"/> Virginia Association of Community Services Boards' Listing |
| <input type="checkbox"/> Virginia Employment Commission  | <input type="checkbox"/> Other (Specify) _____                                      |

How do you generally search for employment opportunities?

- |  |   |
|--|---|
| <input type="checkbox"/> Newspaper (Name of paper) _____ | <input type="checkbox"/> Virginia Employment Commission |
| <input type="checkbox"/> Website/Online (Specify) _____  | <input type="checkbox"/> Employee Referral              |
| <input type="checkbox"/> Walk into business and inquire  | <input type="checkbox"/> Other (Specify) _____          |

Which website(s) would you recommend we use to advertise position vacancies? \_\_\_\_\_

\_\_\_\_\_