



# Application for Employment

## Helton House, Inc.

24478 Prince Edward Highway, Rice, VA 23966  
(434) 392-9276 Phone (434) 392-1509 Fax  
www.heltonhouse.com

Position Applied for: \_\_\_\_\_ (one per application)  
Deadline: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Application Date Received by HR: \_\_\_\_\_

FT  PT  Temporary  Relief

How did you hear about this employment opportunity?

Newspaper  VEC  Current Employee  Job Board/Postings  Internet   
College Board   
Other (Please Specify) \_\_\_\_\_

*To Applicant: Employees of Helton House, Inc. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, disability, political affiliation, marital status, sexual orientation, gender, or age.*

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

Which shift will you accept? Day  Evening  Night  Rotating  Weekends   
Minimum salary you will consider: \_\_\_\_\_ Available start date: \_\_\_\_\_

Education	Name/Location of School	Major	Minor	Dates Attended	Degree/Training
High School					
College					
Graduate					
Technical					
Other					

**Additional Qualifications-** Please describe any additional skills or qualifications that are relevant to the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_

**Computer Software (Specify equipment and programs):**

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

**Professional License:**

Type of License/ Certification	Issuing State	License Number	Expiration Date

**Professional Activities (List Affiliations, Trade, Business Activities, or Offices Held):**

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

Are you currently certified to administer:      CPR  First Aid  CPI

**Experience:** Starting with the most recent, describe all paid, military, and applicable voluntary experience. Highlight the knowledge, skills, and abilities that demonstrate your qualifications for this position. **Note: you may submit and attach a resume for this section only if all requested information is included.**

Job Title: _____	Duties: _____
Employer Name/Address: _____	_____
_____	_____
Phone: _____	_____
Type of Business: _____	Number of Employees Supervised: _____
Immediate Supervisor: _____	Equipment Used: _____
Title: _____	Reason for Leaving: _____
Salary: Start: _____ End: _____	Name, if Different: _____
Dates from (mm/yy): _____ to (mm/yy): _____	_____

Job Title: _____	Duties: _____
Employer Name/Address: _____	_____
_____	_____
Phone: _____	_____
Type of Business: _____	Number of Employees Supervised: _____
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Title: _____	Reason for Leaving: _____
Salary: Start: _____ End: _____	Name, if Different: _____
Dates from (mm/yy): _____ to (mm/yy): _____	_____

**References:**

List two persons who are NOT related to you who know your qualifications or your character. You should ensure they are willing to act as a reference as they will be contacted by Helton House, Inc. Human Resources.

Name	Address	Telephone	Relationship	Occupation

**References:**

List two persons who were in a supervisory or professional position with you who can attest to your job performance. This would include your current or most recent supervisor.

May we contact your current supervisor? Yes  No  Comments:

Name	Address	Telephone	Position	Occupation

**Miscellaneous:**

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes  No

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verify your identity. Further, you will be required to provide documentation to that effect should you be employed.

Do you have or are you eligible to obtain a valid Virginia Driver's License? Yes  No

Have you previously been employed by Helton House, Inc? Yes  No

If Yes, please state which program center/department: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Were you referred to this position by a current employee of Helton House, Inc? Yes  No

If Yes, please state the name of the employee who referred you: \_\_\_\_\_

Have you received disciplinary action, been placed on probation or been investigated by any state licensing board(s)? Yes  No

If Yes, please explain: \_\_\_\_\_

Do you have any relatives or persons living with you who are employed with Helton House, Inc.? Yes  No

If Yes, please state names of individual(s) and where they work: \_\_\_\_\_

**Certification:**

(Each application requires the current date and original signature)

I hereby certify that the information provided in this application is true, accurate, and complete. I understand that the falsification or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment regardless of when or how discovered. I understand that all information on this application is subject to verification and I consent to provide personal information and fingerprinting for a criminal history background check. I understand that an offer of employment will be contingent upon a background check satisfactory to Helton House, Inc. I also consent to references and former employers and educational institutions being contacted regarding this application. I release all such persons from liability or damages incurred as a result of inquiry and furnishing this information. I understand that my employment is not for a definite period of time and is terminable at will by my employer or myself. In consideration of my employment, I agree to conform to the rules and regulations of Helton House, Inc. The needs of the agency may make the following conditions mandatory: overtime, shift work, a rotating work schedule, a work schedule other than Monday through Friday, or assignment to different work locations. I accept these conditions. I have read and understand this agreement and certify that the information I have provided in my employment application is true and complete.

Applicant Signature: \_\_\_\_\_

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

**Note: This application will not be considered of modified in any way from the original format.**