

**NORTHERN VIRGINIA 4-H EDUCATIONAL AND CONFERENCE CENTER  
600 4-H CENTER DRIVE, FRONT ROYAL, VIRGINIA 22630**

**AN EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT**

Position Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last First Middle

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

City State Zip

**EDUCATION**

A. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Graduated \_\_\_\_\_.

B. If you did not complete high school, do you have a general equivalency diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date Received if yes \_\_\_\_\_.

C. Circle number of years of post high school education. 1 2 3 4 5 6 7

Name and Location of Institution	Degree	Major/Minor	Dates Attended
----------------------------------	--------	-------------	----------------

1. \_\_\_\_\_

2. \_\_\_\_\_

**EXPERIENCE**

A. Job Title _____ Employer _____ Address _____ _____ Phone _____ Immediate Supervisor _____ Title _____ Salary (Start) _____ (Finish) _____ Dates (mo/yr) _____ to (mo/yr) _____	Duties _____ _____ _____ _____ Number of employees you supervised _____ Equipment used _____ Reason for leaving _____ Full-time _____ Part-time _____ Hours/Week _____
---	---

B. Job Title _____ Employer _____ Address _____ _____ Phone _____ Immediate Supervisor _____ Title _____ Salary (Start) _____ (Finish) _____ Dates (mo/yr) _____ to (mo/yr) _____	Duties _____ _____ _____ _____ Number of employees you supervised _____ Equipment used _____ Reason for leaving _____ Full-time _____ Part-time _____ Hours/Week _____
---	---

C. Job Title _____ Employer _____ Address _____ _____ Phone _____ Immediate Supervisor _____ Title _____ Salary (Start) _____ (Finish) _____ Dates (mo/yr) _____ to (mo/yr) _____	Duties _____ _____ _____ _____ Number of employees you supervised _____ Equipment used _____ Reason for leaving _____ Full-time _____ Part-time _____ Hours/Week _____
---	---

D. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. License (to include driver's). Certificate or other authorization to practice a trade or profession.  
 Type License Number Expiration Date Granted By (Licensing Board)

It is the policy of The Northern Virginia 4-H Conference and Educational Center to conduct criminal conviction and/or driver's record check on candidates selected for hire.

**AUTHORIZATION**

*I hereby certify that all information provided is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Northern Virginia 4-H Educational Center. I understand that all information on this application is subject to verification and I consent to criminal background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Northern Virginia 4-H Educational Center to rely upon and use, as it sees fit, any information received from such contacts.*

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

REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications.

Relationship	Names	Address	Phone

Check which you will accept: \_\_\_ Day \_\_\_ Evening \_\_\_ Weekend and/or \_\_\_ Full-time \_\_\_ Part-time.

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 verifying your identity.

Have you every been convicted of a traffic violation? \_\_\_ Yes \_\_\_ No If yes, please list all and explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No. If yes, please list all and explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

When will you be available to start work? \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

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