

# APPLICATION FOR EMPLOYMENT

**New Journey Family Services, LLC**  
**156 A Baker Street**  
**Emporia VA 23847**  
**(434) 430-0154 Office**  
**(425) 527-8980 Fax**

Birthday: _____	Date: _____
Name: _____	Social Security #: _____
Present Address: _____	
City: _____	State: _____ Zip Code: _____
Home Phone #: _____	Business Phone #: _____
Position Title: _____	

**Please Type or Print Clearly in Ink**

Please Read and Follow Carefully:

Resumes may be submitted with the application for supplemental information. Applications should be submitted on or before the closing date, completed (including supplemental applications and transcripts where indicated), dated, and signed. Applications, resumes, transcripts, letters of reference, and other information submitted will become the property of New Journey Family Services L.L.C. and cannot be returned.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of New Journey Family Services L.L.C. to hire only those persons who are lawfully authorized to work in the United States. As a condition Of employment, individuals hired by the New Journey Family Services L.L.C. are required to present proof of identity and of their legal eligibility to work in the United States

**Before they can begin work: EDUCATION**

Check highest level completed.

9 10 11 **12** GED College 1 2 3 **4** Graduate School 1 **2** 3 4

School	Location	Attended From To	Grad ?	Semester / Quarter Hrs.	Type of Degree or Diploma	Major	Minor


List specific courses, workshops, training or rotations you have had that are related to the position for which you are applying.

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**SKILLS**

Check the following skills, experiences, etc., which you have.

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|--|---|
| <input type="checkbox"/> Driver's License              | <input type="checkbox"/> Adding Machine/Calculator        |
| <input type="checkbox"/> Chauffeur's License           | <input type="checkbox"/> Data Entry                       |
| <input type="checkbox"/> Car for Use at Work           | <input type="checkbox"/> Sign Language                    |
| <input type="checkbox"/> Typing ___ wpm                | <input type="checkbox"/> Braille                          |
| <input type="checkbox"/> Shorthand/Speedwriting ___wpm | <input type="checkbox"/> Foreign Language (Specify) _____ |
| <input type="checkbox"/> Word Processing (Specify)___  |   |
| <input type="checkbox"/> Transcription (Specify) _____ | <input type="checkbox"/> Other ___                        |

**FOR SUPERVISORY/MANAGEMENT POSITIONS ONLY**

Indicate the type (i.e., professional, technical, clerical, service, etc.), and number of employees you have supervised \* \_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Work Planning/Coordination   | <input checked="" type="checkbox"/> Employee Counseling/Coaching    | <input type="checkbox"/> Statistical Analysis           |
| <input type="checkbox"/> Employee Selection/Dismissal | <input checked="" type="checkbox"/> Employee Performance Evaluation | <input type="checkbox"/> Budget Preparation/Maintenance |
| <input type="checkbox"/> Scheduling                   | <input checked="" type="checkbox"/> Staff Training                  | <input type="checkbox"/> Contract Negotiations          |
| <input type="checkbox"/> Work Assignment              | <input checked="" type="checkbox"/> Oral Presentation               | <input type="checkbox"/> Report Preparations            |

List fields of work for which you have been registered, licensed or certified.

Registration: \_\_\_\_\_ State: \_\_\_ No.: \_\_\_\_\_Exp. Date:\_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_ No.: \_\_\_\_\_Exp. Date:\_\_\_\_\_

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List memberships in employment related professional or technical societies.

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**EMPLOYMENT HISTORY**

**PLEASE READ CAREFULLY**

Using a separate section for each position, describe in detail all work experiences beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.

**May we contact your present employer?  Yes  No  Please wait until I am a finalist.**

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary:	Ending Salary:	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( be specific)		
<input checked="" type="checkbox"/> Full-time #1 # Years #9 # Months <input type="checkbox"/> Part-time ___ # Years # ___ # Months If part-time, number of hours per week: # ___ #			

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ <b>per</b>	Ending Salary: \$ per diem	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( be specific)		
<input type="checkbox"/> Full-time ___ # Years ___ # Months <input checked="" type="checkbox"/> Part-time ___ # Years 7 # Months If part-time, number of hours per week: ___			

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ <b>per yr</b>	Ending Salary: \$ per year	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( be specific)		

<input checked="" type="checkbox"/> Full-time <u>0</u> # Years <u>11</u> # Months <input type="checkbox"/> Part-time _____ # Years ___ # Months If part-time, number of hours per week: ____		
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**Continuation Sheet**

**EMPLOYMENT HISTORY**

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$     per diem	Ending Salary: \$     per diem	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( be specific)		
<input type="checkbox"/> Full-time # Years ___ # Months <input checked="" type="checkbox"/> Part-time _____ # Years ___ # Months If part-time, number of hours per week: ____			

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$     per yr	Ending Salary: \$     per yr	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( be specific)		
<input checked="" type="checkbox"/> Full-time ___ # Years ___ # Months <input type="checkbox"/> Part-time _____ # Years ___ # Months If part-time, number of hours per week: ____			

Employer: (present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	

Date Employed: (mo/yr)	Starting Salary: \$	Ending Salary: \$	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( be specific)		
<input checked="" type="checkbox"/> Full-time Years # Months <input type="checkbox"/> Part-time ___ # Years ___ # Months If part-time, number of hours per week: ____			

### GENERAL INFORMATION

Do you now work for New Journey Family Services L.L.C.? Yes **No**

Are you related, by blood or marriage, to any person now working at New Journey Family Services L.L.C.? Yes **No**  
 (If yes, give name, relationship to you and the department where employed.) \_\_\_\_

Have you worked under any other name? Yes **No** (Required for verifying education, work records and references.)  
 If yes, please give list

Check types of work you will accept.

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Permanent Full-time | <input type="checkbox"/> Permanent Part-time | <input type="checkbox"/> Work involving travel |
| <input type="checkbox"/> Temporary Full-time            | <input type="checkbox"/> Temporary Part-time | <input type="checkbox"/> Any of the preceding  |
| <input type="checkbox"/> Shift or Split Shift Work      |  |  |

If you are not available for work now, enter the earliest date you could begin work (month/day/year).\_\_\_\_\_.

Have you ever been convicted of any crime under the name you used on this application or under any other name? (Omit traffic violations with fines of \$50 or less.) Yes **No**

If yes, please explain when, where, and disposition of case. NOTE: The existence of a criminal record does not automatically eliminate you from employment considerations.

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### REFERENCES

List individuals familiar with your capabilities. Do not list relatives or supervisors previously noted under employment.

Name	Years Known	Organization Position	Home/Business Address	Home/Business Phone
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### CERTIFICATION

I certify, to the best of my knowledge and belief, that the statements given above truly represent my background and experience. I understand that if I have knowingly misrepresented, omitted, or falsified any of the application information, I will be disqualified for employment consideration or dismissed from employment with New Journey Family Services L.L.C. Further, I understand that as a condition of employment, I may be required to undergo testing for controlled substances. In addition, I hereby authorize my current and former employers (including the U.S. Government or U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to provide New Journey Family Services L.L.C. with any job-related information requested. I also permit New Journey Family Services L.L.C. to conduct a police and court records investigation of my background if relevant to the job for which I am applying. Notwithstanding any provisions of Federal or State law, I expressly waive any right I may have to review confidential material or information received by New Journey Family Services L.L.C. from a previous employer or educational institution.

Finally, I attest, under penalty of perjury, that I am legally authorized to work in the United States, and that, if I am a male between the ages of 18-26, I (please check) have \_\_\_\_, have not \_\_\_\_ registered for selective service.

Applicant's Name: \_\_\_\_\_ Date \_\_\_\_\_