

EMPLOYMENT APPLICATION

1893-A Billingsgate Circle
 Henrico, VA 23238
 (804)741-3904
 (804) 477-7900 - fax
 www.keysupportservices.net



All Applicants must have an acceptable criminal history, positive driving record, valid driver's license and HS Diploma or equivalent

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, religion, national heritage, sexual orientation, disability, marital status, and any other legally protected status. It is our policy to abide by all Federal, State, and, local laws concerning discriminating in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Position Applied For: _____ Date: _____

Name: _____ SSN#: _____

Address: _____ Cell Phone: _____

_____ Other Phone: _____

City, State Zip

Email Address

Do you have a High School Diploma or Equivalent: Yes: _____ No: _____

Name of Institution	Course of Study/Degree	# of Years Attended

Additional Skills, Qualifications or Trainings: _____

Which of the following would you consider: Full Time: _____ Part Time: _____ Relief: _____ Volunteer: _____

Are you willing to work overtime? Yes: _____ No: _____ Are you willing to be On-Call? Yes: _____ No: _____

Do you hold a valid VA drivers License? Yes: _____ No: _____ Positive Driving Record? Yes: _____ No: _____

Have you ever been convicted in a court of law for any reason other than a minor traffic offense?

Yes: _____ No: _____ If yes, please explain: _____

Are you currently authorized to work in the United States for any employer? Yes: _____ No: _____

If no, what is your current immigration status? _____

How did you hear about our company/current openings? _____

Please list former and current employers beginning with the most recent or positions with applicable experience:

Company Name		Address	
Title	Dates Worked/From:	Dates Worked/To	Phone Number
Job Duties			Supervisor
			Pay Rate
Reason For Leaving			May we Contact

Company Name		Address	
Title	Dates Worked/From:	Dates Worked/To	Phone Number
Job Duties			Supervisor
			Pay Rate
Reason For Leaving			May we Contact

Company Name		Address	
Title	Dates Worked/From:	Dates Worked/To	Phone Number
Job Duties			Supervisor
			Pay Rate
Reason For Leaving			May we Contact

Please Read and understand this statement before signing your application:

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in my discharge. I authorize you to communicate with those employers I have listed, school officials, law enforcement personnel, and the persons named as references concerning my skills, education, character, and responsibility. If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is employment at-will.

Signature

Date

Printed Name