

APPLICATION FOR EMPLOYMENT

United Way of Danville-Pittsylvania County



308 Craghead Street, Suite 102E
 Danville, VA 24540
 (434) 792-3700
 www.unitedwaydpc.org

INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

- The information you supply on this application will be used to evaluate your qualifications for employment with United Way of Danville-Pittsylvania County 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.
- Applications that are received incomplete or after the closing date will not be considered for employment.
- Resumes may not be substituted for United Way of Danville-Pittsylvania County application, but may be included for supplemental information.
- After a hiring selection has been made, the applications will be retired. They will not be automatically reviewed for future vacancies.

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 Organization.

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

Position Applied For (one per application)	Date
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 _____	

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

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

If no, please state reason: _____

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 _____

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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 _____

SOFTWARE PROGRAMS USED: _____

Typing 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.

REFERENCES - List name, email, phone number, and relationship of three professional references not related to you who know your qualifications:

NAME	EMAIL	PHONE NUMBER	RELATIONSHIP

MISCELLANEOUS INFORMATION

1. What date will you be available for work? _____
2. Are you willing to accept employment that requires working: Evenings? Yes No ; Holidays? Yes No ; Weekends? Yes No
3. Are you willing to accept employment that requires you to travel? Yes, during the day ; Yes, overnight ; No, I will not travel
4. Are you willing to provide your own transportation if required to travel? Yes No
5. 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.)
6. Have you ever been convicted of any violation(s) of law (whether a felony or misdemeanor), other than minor traffic offenses? No Yes (List all adult convictions. List Juvenile convictions (including adjudications) for the following: Capital Murder, First and Second Degree Murder, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.)
If the answer is yes, list all conviction(s), date(s), and explain. If you need additional space, please add a separate sheet of paper.

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.

7. Are you a relative, dependent, or reside in the same household of a current employee of this Organization? (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.*

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 United Way of Danville-Pittsylvania County 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 United Way of Danville-Pittsylvania County 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 United Way of Danville-Pittsylvania County must be in writing to be considered valid. I release United Way of Danville-Pttsylvania County and all providers of information from any liability as a result of furnishing and receiving information.

Signature of Applicant
Revised 3/2023

Date