

Application for Employment
Virginia Peninsulas Public Service Authority
475 McLaws Circle, Suite 3B, Williamsburg, VA 23185-5676
(757) 259-9850

VPPSA is an Equal Opportunity Employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Instructions: Please read before completing this form.

- Type or print clearly in dark ink and do not abbreviate if possible
- Each item on the form must be completed
- If an item does not apply, write "Not Applicable" or "N/A" in the space provided
- List the position for which you want to be considered in the appropriate box. *You will only be considered for a position that is open at the time you apply*
- Before signing this form, carefully read the Privacy Act Notice for Employment Forms on the last page
- Applications must be signed and dated by the applicant on the last page of the form

Name (Last)	(First)	(Middle)
Address (Number, Street, City, State, Zip Code)		
Date of Application	Phone Numbers: Home	Work
		Cell
Employment Type Desired:	Position for Which You Wish To Be Considered:	Date Available to Begin Work:
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		

General Information

If you currently work for VPPSA, or have in the past, complete the box below:	
Dates of Employment (Month/Year)	From: _____ To: _____
Position Held:	
If any members of your family presently work for VPPSA, complete the box below:	
Name and Relationship:	Title of Position Held:
If you have ever, as an adult, been convicted of a misdemeanor or felony other than a minor traffic violation, give details in the space below. Include the date of conviction, and the nature or disposition of the offense. (A conviction will not necessarily disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)	
Are you receiving an annuity from the Virginia Supplemental Retirement System (VSRS) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
All new employees will be required to complete a Form I-9 and provide documents establishing their identity and eligibility to work in the United States.	

Education, Certificates, and Special Training

Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No is checked, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list the Colleges and/or Universities you have attended, including the City, State, Zip Code if known, and other information requested. (If you expect to graduate within 9 months, give month and year you expect to receive your degree.	College and/or University Attended	Dates Attended (Month/Year)	Credits Completed	Major	Type of Degree	Did you Graduate?
Other schools or training (for example, trade, vocational, armed forces, or business. For each course named, please provide the date and training organization. Use additional sheets if necessary.)						
List special qualifications and skills (licenses, patents, inventions, publications, etc.)						
If you are applying for a position which requires driving, do you possess a valid Virginia Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			If No, and you possess a valid Driver's License: What State?			

Experience

Start with your present position and work back. Account for periods of unemployment. You may include unpaid experience or volunteer work if you feel that it represents qualifying experience for the position for which you are applying.

Dates of Employment (Month/Year) From: _____ To: _____	Title of Position	Salary/Earnings Starting \$ Ending \$	Average Hours Per Week
Name and Address of Employer		Kind of Business or Organization (Manufacturing, Account, Insurance, Etc.)	Name and Title of Immediate Supervisor Area Code and Phone Number
Reason for Leaving			
Description of Work			

Dates of Employment (Month/Year)	Title of Position	Salary/Earnings Starting \$	Average Hours Per Week
From: To:		Ending \$	
Name and Address of Employer		Kind of Business or Organization (Manufacturing, Account, Insurance, Etc.)	Name and Title of Immediate Supervisor Area Code and Phone Number
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Name and Address of Employer		Kind of Business or Organization (Manufacturing, Account, Insurance, Etc.)	Name and Title of Immediate Supervisor Area Code and Phone Number
Reason for Leaving			
Description of Work			

**Copy as necessary to record your employment history.
Attach additional copies inside the application form.**

Privacy Policy

The policy of the Virginia Peninsulas Public Service Authority is to collect, maintain, use and disseminate only the personal information required by law to accomplish a proper purpose.

Purpose, Use, Access, and Dissemination

Information furnished will be used primarily by VPPSA to determine qualifications for employment, eligibility for transfer, reinstatement, promotion, and/or demotion. All or part of this information may be furnished as indicated below:

1. Representatives from VPPSA, if required to determine employment suitability.
2. Federal, state, and local agencies in which you have an interest as a potential employee.
3. Federal, state, and local agencies to create personnel files following your employment with VPPSA.
4. Representatives of federal, state, and local agencies engaged in investigating violations of the law.
5. Individuals or agencies requesting statistical data exclusive or personal information.
6. Requesting agencies possessing your voluntary release of information and assuming confidential protection of information released.

Effects of Nondisclosure

It is in your best interest to answer all questions on the Application for Employment. Your failure to complete the form may jeopardize your opportunity for employment. Completion of the EEO Applicant Information form which follows is voluntary, and cannot be used to jeopardize an opportunity for employment.

Disclosure of Social Security Number

The Social Security Act of 1976 provides for soliciting social security numbers, and disclosure on your part is mandatory to receive the benefits you are seeking.

Certification / Agreement

I have read and understand the above Privacy Act Notification for Employment Forms. I hereby certify that this application is a complete record and that all entries and all attachments are true and accurate to the best of my knowledge. I understand that false or incomplete statements herein supplied are grounds for disqualification from employment. I authorize VPPSA to conduct a thorough background investigation, except as it pertains to race, origin, sex, age, or other non-job-related criteria, to be used relative to my employment with VPPSA. I authorize my former employers and any other persons or organizations to provide any information they have about me and I release all concerned from any liabilities in connection therewith. If permanent employment is offered, I understand that I may be required to pass an examination given at VPPSA's expense, and that my employment may be dependent upon successfully passing that examination.

Applicant's Signature

Date (Month/Day/Year)

Virginia Peninsulas Public Service Authority EEO Applicant Information Form

Date _____

Important: The information requested on this sheet regarding race, sex, age, and handicap status is needed to analyze and assure compliance with community and Federal Equal Employment Opportunity laws and to meet the reporting requirements of those laws. Your cooperation in voluntarily giving this information is important to the success of our Equal Opportunity programs.

This EEO Applicant Information Form will be kept separate from your application. It is not used in hiring, interviewing, or any other employment decision. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment.

- Instructions:
- A. In Item Number 1, write the title of the position for which you are applying.
 - B. In Item Number 2, write your full name.
 - C. Indicate your response to Item Numbers 3,5,and 6 by making a mark (X) in the appropriate boxes.
 - D. In Item Number 4, write your date of birth

1. Position for which you are applying: _____

2. Name: _____

3. Sex: Male Female

4. Date of Birth: _____

5. Please identify yourself in terms of the racial/ethnic groups below. (For definitions of groups, refer to the back of page.)

- | | |
|--|--|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native | |

6. Do you have a handicap? Yes No

Definitions of Racial / Ethnic Groups

- A. White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East or the Indian subcontinent
- B. Black (not of Hispanic origin): All persons having origins in any black racial groups
- C. Hispanic All persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race.
- D. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- E. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America