

Application for Employment
Virginia Peninsulas Public Service Authority (VPPSA)
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, religion, sex, age, gender, gender identity/expression, sexual orientation, national origin, political affiliation, pregnancy, childbirth or related medical conditions, marital status, disability or status as a veteran.

Instructions: Please read before completing this form.

- 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.*
- Applications must be signed and dated by the applicant on the last page of the form
- This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application

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:	
Are you receiving an annuity from the Virginia Retirement System (VRS) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over 18 years old? <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		
<i>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.</i>		

Education, Certificates, and Special Training

Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list High School name, address, and phone number.		If No, 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	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, including U.S. Military Service. You may include unpaid experience or volunteer work if you feel that it represents qualifying experience for the position for which you are applying. If any employment was under a different name, please indicate below.

Dates of Employment (Month/Year) From: To:	Title of Position	Name used (if different from first page)	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			

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Reason for Leaving			
Description of Work			

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

Explain any gaps in work history:

Have you ever been discharged or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain:

Applicant's Certification And Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Virginia Peninsulas Public Service Authority to verify their accuracy and to obtain reference information on my work performance. I hereby release Virginia Peninsulas Public Service Authority from any/all liability of whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification for consideration for employment or, if already employed, grounds for immediate dismissal.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Virginia Peninsulas Public Service Authority. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Virginia Peninsulas Public Service Authority may terminate my employment at any time with or without notice or cause.

Applicant's Signature

Date (Month/Day/Year)