

**THE DISCOVERY SCHOOL OF VIRGINIA, INC.**  
**EMPLOYMENT APPLICATION**

Your interest in our organization is appreciated. We comply with state and federal laws regarding equal opportunity. Qualified applicants are considered for all positions without regard to race, color, religion, sex, age, disability, national origin, veteran status, or citizenship status.

Applications are kept on file for six (6) months. If you have not been hired within six (6) months of the date of your application, you must re-file if you are to be considered for future employment.

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Personal Information** (Please print)

NAME (Last, First, Middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever been known by any other name? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what is the name? \_\_\_\_\_ Dates known by this name? \_\_\_\_\_

In case of emergency, who should be contacted? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in full: \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give Alien Registration Number: \_\_\_\_\_

Are you over age 21? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, do you have a work permit? Yes\_ No\_

Referral Source: Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_

Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Do any of your friends or relatives work here? Yes \_\_\_ No \_\_\_ If yes, list name(s) \_\_\_\_\_

List office or business machines you have operated: \_\_\_\_\_

If applying for a clerical position:

What is your typing speed? \_\_\_\_\_ Do you take shorthand? \_\_\_\_\_ If so, what is your speed? \_\_\_\_\_

**Give name and daytime phone number of three references. At least one must be a current or former employer or faculty member from college. References must not be related to you and must have known you for at least two (2) years.**

(1) \_\_\_\_\_ Telephone \_\_\_\_\_

(2) \_\_\_\_\_ Telephone \_\_\_\_\_

(3) \_\_\_\_\_ Telephone \_\_\_\_\_

If required for the position for which you are applying, will you consent to periodic physical examinations and blood or urine analysis at company expense? (Note: This analysis may test for controlled substances)

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Status desired: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Other \_\_\_\_\_

Date available: \_\_\_\_\_

If there are any hours you are unwilling to work, what are they and why?

\_\_\_\_\_

Are you on lay-off and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if a job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

List any skills, qualifications, courses, or training you have that relate to the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

Are you a member of the military Reserve or National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a veteran of the U.S. Military Service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch of the U.S. Military Service? \_\_\_\_\_

List Professional, Trade, Business or Civic activities and offices held:  
(Exclude groups that indicate race, color, religion, sex or national origin)

\_\_\_\_\_

\_\_\_\_\_

**PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT:**

1. \_\_\_\_\_  
Name & Address of Company and Type of Business

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. \_\_\_\_\_  
Name & Address of Company and Type of Business

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. \_\_\_\_\_  
Name & Address of Company and Type of Business

Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

May we contact the employers listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, indicate which one(s) you do not wish us to contact and state the reason why not:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where? \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience:

\_\_\_\_\_  
\_\_\_\_\_

**If applying for a counselor position:**

**PREVIOUS EXPERIENCE WORKING WITH YOUTH** (i.e. volunteer or paid as a camp counselor, youth league coach, tutoring, child care giver, etc., at least 3 months experience needed).

Position held: \_\_\_\_\_ Dates Position Held \_\_\_\_\_

Contact Person/Supervisor (name and phone number) \_\_\_\_\_

Position held: \_\_\_\_\_ Dates Position Held \_\_\_\_\_

Contact Person/Supervisor (name and phone number) \_\_\_\_\_

Position held: \_\_\_\_\_ Dates Position Held \_\_\_\_\_

Contact Person/Supervisor (name and phone number) \_\_\_\_\_

Position held: \_\_\_\_\_ Dates Position Held \_\_\_\_\_

Contact Person/Supervisor (name and phone number) \_\_\_\_\_

Attach a separate sheet to list additional experiences.

**DRIVING RECORD**

Do you presently have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the following driver's license information:

State \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had a moving violation within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in detail: \_\_\_\_\_

**EDUCATION**

**High School**

School \_\_\_\_\_ Address \_\_\_\_\_ Course of Study \_\_\_\_\_

Check last year completed: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ List Diploma or Degree \_\_\_\_\_

**College**

School \_\_\_\_\_ Address \_\_\_\_\_ Course of Study \_\_\_\_\_

Check last year completed: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ List Diploma or Degree \_\_\_\_\_

**Technical**

School \_\_\_\_\_ Address \_\_\_\_\_ Course of Study \_\_\_\_\_

Check last year completed: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ List Diploma or Degree \_\_\_\_\_

**AGREEMENT**

(Please Read Carefully)

The Discovery School of Virginia, Inc. is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, disability, national origin, veteran status, or citizenship status. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, national origin, or age.

I certify that all of the information given by me on this application or in supplemental form is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

I agree, understand and authorize The Discovery School of Virginia, Inc. or its agents to investigate my background. I authorize the persons or organizations referenced in this application to give The Discovery School of Virginia, Inc. any and all information they might have personal or otherwise with regard to any of the subjects covered by this application and I release all such parties from all liability for any damage that may result from furnishing such information to this Company.

I also agree and understand that this investigation may include an investigation regarding my character, general reputation, and personal characteristics. If any such investigation results in denial of employment, I shall be so advised. The Discovery School of Virginia, Inc. shall supply the investigative report, and I will be given an opportunity to correct any misinformation contained in any such report. I agree to furnish such additional information and complete such examination (including periodic physical examinations and test for controlled substances) as may be required by The Discovery School of Virginia, Inc. I agree and understand that my initial and continued employment is contingent upon my taking a physical examination when requested. Should I refuse to take said examination, I understand that I may be subject to termination.

I agree and understand that The Discovery School of Virginia, Inc. may require that I be approved for bonding as a condition of my employment. Further, I will comply with The Discovery School of Virginia, Inc.'s security policies and other policies, rules and procedures that are, or may be established by the Company from time to time.

It is agreed and understood that this Application for Employment in no way obligates The Discovery School of Virginia, Inc. to employ me and that any offer employment is subject to the terms and conditions stated on this application form. I agree and understand that my employment is for no definite duration and may be terminated at will by either the Company or me. It is agreed and understood by me that participation in any of the benefit programs of The Discovery School of Virginia, Inc. does not create a contract of employment. I agree and understand that only the President of The Discovery School of Virginia, Inc. has the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and signed by both parties.

In the event of my employment, any corporation materials entrusted during the course of my employment will be returned to The Discovery School of Virginia, Inc. on the last day of employment, whether I resign or am terminated. I agree and understand, that should I be employed, I will not at any time or any manner, either directly or indirectly, divulge, disclose, or communicate to any person, firm or corporation in any manner whatsoever any confidential information concerning any matters affecting or relating to the business of the Employer, including, without limiting the generality of the foregoing, any of its customers, the prices it attains or has attained from the sell of, or which it sells or has sold, its services or products, its manner of operation, its plans, and other "proprietary information". I understand that I may be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

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Signature

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Date

**AUTHORIZATION FOR POLICE BACKGROUND CHECK**

I, \_\_\_\_\_, hereby authorize The Discovery School of Virginia, Inc. to do a background check, including the NCIC, in regard to any and all legal problems.

Please list the addresses and dates of your occupancy for the past five years in chronological order, beginning with the most recent (if more space is needed, please attach an additional sheet of paper):

_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____
_____	From: _____
_____	To: _____

Driver's License # \_\_\_\_\_ State Issued In: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Description: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness