



# APPLICATION FOR EMPLOYMENT

5408 Chamberlayne Road  
Richmond, VA 23227  
Phone: (804) 285-9838, Fax: (804) 285-9839

*It is the policy of Dominion Youth Services to employ, promote, retain, dismiss, and/or transfer professional and non-professional employees without regard to race, age, disability, gender, color, creed, national origin, political affiliation, or belief. Dominion Youth Services is an Equal Employment Opportunity employer.*

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

## PERSONAL

Name: \_\_\_\_\_  
(Last) (First) (Middle or maiden name)

Present Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How many years have you lived at this address? \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Job(s) applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Have you worked for us before?  Yes  No If yes, when? \_\_\_\_\_

List any friends or relatives working for us: \_\_\_\_\_

If hired, on what date will you be able to start work (mm/dd/yy)? \_\_\_\_\_

Other significant experiences, skills, qualifications, or honors received: \_\_\_\_\_

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

If hired, do you have a reliable means of transportation?  Yes  No

Have you ever been discharged or requested to resign from a position?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any barrier crimes, or felony convictions, that may prevent you from working within our company?  Yes  No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

### *Person to be notified in case of emergency*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Type of School	Name and Address of School	Course of Study	Graduated	Diploma or Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)**

Dates (MM/DD/YY) From ... To	Name and Address of Employer	Rate of Pay Start / Finish	Supervisor's Name and Title	Reason for Leaving
Describe in detail the work you did:			Job Classification: _____	

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Dates (MM/DD/YY) From ... To	Name and Address of Employer	Rate of Pay Start / Finish	Supervisor's Name and Title	Reason for Leaving
Describe in detail the work you did:			Job Classification: _____	

**\*\*\*\*\*PLEASE ATTACH A RESUME TO THIS APPLICATION\*\*\*\*\***

May we contact the employers listed above?  Yes  No If not, indicate below which one(s) you do not wish us to contact.

**PERSONAL REFERENCES**

(Please provide two to three business references including an email address and phone number for the contact. Current employees and/or relatives are not eligible.)

Name of Business Reference	Occupation of Reference	Email Address	Phone Number

**MILITARY SERVICE RECORD**

Have you ever served in the armed forces?  Yes  No If yes, what branch? \_\_\_\_\_

Date of duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge: \_\_\_\_\_  
Month Day Year Month Day Year

What were your duties in the Service (including special training and duty station)? \_\_\_\_\_

A. Occasionally, the form of an application blank makes it difficult for an individual to adequately summarize his complete background. To assist us in finding the proper position for you in our schools, use the space below to summarize any additional information necessary to describe your full qualifications.

**PLEASE READ CAREFULLY: 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. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Thank you for your interest in employment with us.



Applicant Name:

Position:

**APPLICATION REFERENCE CHECK FORM**

Name of Reference:

Title of Reference:

Agency/Business:

Phone Number:

Information given on applicant is based on (check items which apply):

- 1. Business Reference:   Co-worker or  Supervisor
- 2. Personal Reference:  If so, how long have they known the applicant: \_\_\_\_\_ years or \_\_\_\_\_ months

**\*Hiring Manager please ask reference the following questions and record:**

Please rate a number from the following scale (1, 2, 3, 4, 5) which describes your comparison of the named applicant:

- 1 = Outstanding =Top 10%
- 2 = above average =Top 25%
- 3 = Average = Middle 50%
- 4 = Below average= Bottom 25%
- 5 = Not Observed

Commitment to profession		Positive attitude	
Maturity (poise, self-control)		Documentation (if applicable)	
Initiative		Flexibility/Ability to handle change	
Punctuality/Attendance		Personal appearance/Professional Dress	

Has this applicant any moral, mental, emotional, or social peculiarities or habits which would make him/her undesirable as an employee?

Yes  No If yes, please explain:

Does this applicant accept extra duties willingly?  Yes  No

To your knowledge, has this person ever been fired?  Yes  No  
If yes, please explain:

For the position desired, do you recommend the applicant:

- Highly  Favorably  With reservation  Not at all

Any additional comments:

\_\_\_\_\_  
Signature of Hiring Manager

\_\_\_\_\_  
Date



## Employment Verification Form

Name of Applicant: \_\_\_\_\_

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

**Applicant/Employee Release:** I authorize Dominion Youth Services to make any investigations and inquiries of my personal, employment, educational, financial history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, persons from all liability in responding to inquiries in connection with my application and do authorize and direct them to respond to such inquiries.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\*\*If you have changed your name, or used other names, please indicate all names: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employment Verifier: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Eligible for Rehire:  Yes  No

Position Employee Held: \_\_\_\_\_

Brief Description of Job Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is previous employer a mental health agency and/or previous employer performs services directly related to working with clients in mental health field, SED children, and/or at risk youth where applicants job duties performed direct services.  Yes  No

Name of Previous Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employment Verifier: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Eligible for Rehire:  Yes  No

Position Employee Held: \_\_\_\_\_

Brief Description of Job Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is previous employer a mental health agency and/or previous employer performs services directly related to working with clients in mental health field, SED children, and/or at risk youth where applicants job duties performed direct services.  Yes  No

\_\_\_\_\_  
Signature and title of DYS employee completing verification check

\_\_\_\_\_  
Date

**Dominion Day Services Verification of QMHP Worksheet**

<b><u>Name:</u></b>	<b><u>Date:</u></b>	<b><u>Degree:</u></b> _____ <b><u>Major:</u></b> _____ <small>(social work, psychology, sociology, counseling, special education)</small> <b><u>Month and</u></b> <b><u>Year:</u></b> _____
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**Clinical Experience**

Include internships, practicum's, and field experience. Calculate actual hours worked. For example a 21 hour/week internship over a 30 week second year MSW internship would be 21 hours/week X 30 weeks = 630 hours

<b><u>Dates with Agency</u></b> From:mo/yr to: mo/yr	<b><u>Total Hours</u></b>	<b><u>Agency Name</u></b>  <b><u>Agency Type</u></b>	<b><u>Name, Credentials, &amp; Title of Supervisor</u></b>	<b><u>Age Range</u></b>	<b><u>Clinical Duties Performed</u></b> <small>(Include Treatment Teams, ISP's, DSM-IV, etc. to establish that you provided direct clinical services to children and adolescents with mental illness)</small>

**Total Hours:** \_\_\_\_\_ (One full-time year equals 2080 hours)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Witness**

