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P.O. Box 235, Floyd, Virginia 24091; Ph: 540.745.4216; Fax: 540.300.3121; www.wallresidences.com

APPLICATION FOR EMPLOYMENT

All statements made by applicants on this application will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran's status, sex, national origin, or the presence of a non-job-related medical condition or disability or any other protected status.

PERSONAL INFORMATION

Last Name	First	Middle	Date of Application	
Street Address			Home Phone	Cell Phone
City	State	Zip Code	E-mail Address	
Position Applied for			Type of Employment? Full / Part / Temporary	
If Part Time, what days and hours can you work?		When can you begin working?	Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:			Pay Expected?	

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma Earned
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other					

GENERAL INFORMATION

Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been refused a bond? If yes, state reason and date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served in the U.S. Armed Forces? If yes, Branch _____ Date Entered _____ Date Discharged _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or requested to resign from a position? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why do you desire to make a change?	
Have you ever held a position of trust (handling money or confidential materials)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any reason to believe that you would have trouble meeting this agency's work schedule? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

A conviction may not necessarily be a bar to employment; factors such as age and time of offense, seriousness, and nature of the violation and rehabilitation will be taken into account.

EXPERIENCE

1. Company/Agency Name and Address		Telephone Number
Immediate Supervisor(Name and Position)	Date Hired	Starting Rate of Pay
Job Title & Duties	Date Left	Last Rate of Pay
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Company/Agency Name and Address		Telephone Number
Immediate Supervisor(Name and Position)	Date Hired	Starting Rate of Pay
Job Title & Duties	Date Left	Last Rate of Pay
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Company/Agency Name and Address		Telephone Number
Immediate Supervisor(Name and Position)	Date Hired	Starting Rate of Pay
Job Title & Duties	Date Left	Last Rate of Pay
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL INFORMATION

Use this space below to list additional attributes, special training, and/or affiliations with which you are associated, which you think may assist us in evaluating your application

REFERENCES

List the names, addresses, and phone numbers of three business references, not related to you, who know your qualifications and/or can provide a character reference.

Name	Email Address	Phone Number
Name	Email Address	Phone number
Name	Email Address	Phone Number

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages for furnishing such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Wall Residences (WR) and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon WR unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, subject to WR personnel policies, and WR retains the same right."

"I understand that if employed, policies and procedures which are issued are not conditions of employment and that WR may revise policies and procedures, in whole or in part, at any time."

"I agree to submit to a criminal record check and/or fingerprint record search pursuant to Sections 19.2-398 and 37.1-197.2, Code of Virginia, and will provide personal descriptive information to be used in a national criminal records check. I understand that my becoming employed and my continued employment are subject to the results of the criminal history check and /or fingerprint record search."

Signature of Applicant: _____ **Date:** _____

Authorization to Release Driving Record

Please submit with your application

I hereby authorize Wall Residences and/or its designated representative(s) to request any information concerning my driving record while employed by or seeking employment with Wall Residences, Inc. I also understand that receipt of a driver's record unacceptable to Wall Residences and its insurer at any time subsequent to hire or as an employee may result in disciplinary action up to and including termination of employment."

A copy of this form shall be kept in the employee's personnel file and shall have the same effect as the original.

Print Complete Formal Name

Driver's License Customer #

State

Address

City/State/Zip Code

Signature

HR/Accounting:

Title:

Location:

Start Date:

Open desktop copy. Fill out, **save**.
You can print out application and
send via fax: 540-300-3121
Or attach to email:
humanresources@
wallresidences.com