

APPLICATION FOR EMPLOYMENT

PROFESSIONAL EDUCATION AND RESPITE SERVICE LLC
P.O. BOX 1015
STEPHENS CITY, VIRGINIA 22655
540 664 9886
888 664 9886

PERSONAL INFORMATION:

Last Name _____ First Name _____
Street Address _____
City, State, Zip Code _____
(H)Phone:(____)_____ (C)Phone(____)_____
(W)Phone(____)_____ Email: _____

Are you eligible to work in the United States?

Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain: _____

*** Note: A criminal and child abuse investigation is a part of the hiring and retention of employees.**

Do you have a driver's license? Yes ___ No ___

License number _____ State of issue _____

Have you had any accidents during the past three years? ___ How many?

Have you had any moving violations during the past three years? ___ How Many?

Are you willing to travel within the State of Virginia in your personal car? ___

Are you willing to fly on an airplane to a different region/state in the country? ___

Are you willing to travel on a train? ___ Bus ___?

Select any or all of the following positions/services you are interested in:

___ Vacation Respite (24 or more hours)

___ Extended Hour Respite (4 to 12 hours)

___ Tutoring

___ In-home supports

___ Behavioral Intervention Support

When are you available?

___ Day Hours ___ Weekday evening ___ Saturday ___ Sunday ___ Entire Weekend

___ School Year Holidays ___ Summer Breaks

CREDENTIALS	SCHOOL/LOCATION	YEAR	CERTIFICATE AVAILABLE (Y) (N)
H.S. DIPLOMA			
COLLEGE DEGREE (S)			
ENDORSEMENTS			
IN-SERVICE TRAINING			
BEHAVIORAL INTERVENTION TRAINING			
CPR/FIRST AID			
MEDICATION ADMINISTRATION			

EMPLOYMENT HISTORY:

Present Or Last Position: _____
Employer: _____
Address: _____
Supervisor: _____
Phone: _____
Email: _____
Position Title: _____
From: _____ To: _____
Responsibilities: _____

Reason for Leaving: _____

Previous Position:
Employer: _____
Address: _____
Supervisor: _____
Phone: _____

Email: _____
Position Title: _____
From: _____ To: _____
Responsibilities: _____

Reason for Leaving: _____

Previous Position:
Employer: _____
Address: _____
Supervisor: _____
Phone: _____
Email: _____
Position Title: _____
From: _____ To: _____
Responsibilities: _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

SPECIAL EDUCATION REFERENCES:

Name/Title Address Phone

1. _____
2. _____
3. _____

ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not being considered for employment or for immediate termination at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____