



Established 1971

BREAKING THE CYCLE OF CRIME WITH OPPORTUNITIES, ALTERNATIVES, AND RESOURCES

### Employment Application

#### SECTION I: PERSONAL DATA

Last Name:	First Name:	M.I.:	Date of Application:	
Street Address:		City:	State:	Zip:
Home Number:	Cell Number:	Day Phone:		
E-mail Address:		Social Security Number:		
Are you legally eligible to work in the U.S.?      YES <input type="checkbox"/> NO <input type="checkbox"/>				
<i>If you are not a U.S. citizen, are there restrictions on your eligibility for employment?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for OAR of Fairfax?      YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when? _____				

#### SECTION II: POSITION INTERESTS

Desired Position:	Desired Salary:	Date Available:
Work Desired:      Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		

#### SECTION III: EDUCATION

**High School:**

Name of School:	City/State	Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>
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**College/University:**

Name of College:	City/State	Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>
Dates Attended:	Major:	Minor:

**College/University:**

Name of College:	City/State	Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>
Dates Attended:	Major:	Minor:

**College/University:**

Name of College:	City/State	Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>
Dates Attended:	Major:	Minor:

**Other Education/Training**

Name of School:	City/State	Graduated YES <input type="checkbox"/> NO <input type="checkbox"/>
Dates Attended:	Field of Study:	

## SECTION IV: SPECIAL QUALIFICATIONS

Please include any other special qualifications/skills/awards/honors that you feel is significant to the desired position:

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## SECTION V: WORK EXPERIENCE

Name of Employer:	Dates of Employment: (month and year)		
Street Address	City	State	Zip
Position Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Supervisor & Title	Telephone		
Reason for leaving	Salary		

Name of Employer:	Dates of Employment: (month and year)		
Street Address	City	State	Zip
Position Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Supervisor & Title	Telephone		
Reason for leaving	Salary		

Name of Employer:	Dates of Employment: (month and year)		
Street Address	City	State	Zip
Position Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		
Supervisor & Title	Telephone		
Reason for leaving	Salary		

Do you have any objection to our contacting your previous employers to verify the above? YES  NO

If you are considered for employment, may we conduct a criminal background check, a check of your current child protective services status as well as your qualifications, character and record of employment? YES  NO

Does OAR employ anyone related to you by blood, marriage, or adoption? YES  NO

If so, please provide name(s) and work location \_\_\_\_\_

**SECTION VI: REFERENCES**

Name	Title	Relationship
Address		Telephone
		Email

Name	Title	Relationship
Address		Telephone
		Email

Name	Title	Relationship
Address		Telephone
		Email

**SECTION VII: DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

By signing this document, you acknowledge an understanding that employees of OAR are employed “at will” which means that you or OAR may terminate the employment relationship at any time, with or without cause.

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

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