



Employment Application

Bay Aging is an Equal Opportunity Employer. All applicants will be considered for employment without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, veteran or disability status.

Bay Aging is committed to providing access, equal opportunity, and reasonable accommodation for individuals with disabilities in employment, its services, programs, and activities. To request reasonable accommodation, contact MaDena DuChemin, Human Resource Manager at (804) 758-2396, Ext. 1228 or mduchemin@bayaging.org.

Complete the application and submit it to Bay Aging.:

- Email to Pamela White, HR Workforce Development Specialist at pwhite@bayaging.org
- or fax it to (804) 758-5773
- or mail it to Bay Aging, P.O. Box 610, Urbanna, VA 21375.

NAME: _____

POSITION APPLIED FOR:

ADDRESS: _____

Are you 18 years of age or older? Yes__ No__

Home Phone: _____

E-mail: _____

Cell Phone: _____

References: (list names, addresses, and phone numbers of three persons not related to you)

Education: (list school name, address, grade completed, specialty/major, degree)

Additional Skills: _____



Do you currently have a valid driver's license? YES NO.

A current DMV record will be required prior to being hired.

Based on stated requirements of the position, are you capable of performing the essential functions of this position, with or without reasonable accommodation? YES NO.

Have you ever worked for this Agency before under your current name or another name, and if so when and why did you leave? _____

Have you ever been dismissed, forced to resign or resigned to avoid dismissal from a job?

Yes _____ or No _____

For Bay Transit Applicants only:

Have you ever tested positive on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes _____ No _____

Have you ever refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes _____ No _____



EMPLOYMENT RECORD (LIST MOST RECENT EMPLOYMENT FIRST):

MAY WE CONTACT YOUR PRESENT EMPLOYER/SUPERVISOR? YES or NO

EMPLOYING FIRM (INCLUDE ADDRESS, PHONE # and DATES OF EMPLOYMENT)

Immediate Supervisor: _____ Reason for Leaving: _____

Duties and Position held: _____

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CERTIFICATION:

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with this agency. I understand that all information on this application is subject to verification. I also consent to references and former employers and educational institutions listed being contacted regarding this application.

Date: _____ Applicant's signature: _____