



COLONIAL BEHAVIORAL HEALTH
Wellness, Support & Recovery Services

473 McLaws Circle
WILLIAMSBURG, VIRGINIA 23185
AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the Human Resources Office of Colonial Behavioral Health. (757) 253-4061 or TDD (757) 253-4377.

PERSONAL INFORMATION

1. Name _____
(Last) (First) (Middle)
2. Have you ever worked under another name, if so, what name _____
3. Residence Address _____
(Street) (City/State) (Zip Code)
4. Telephone: Residence _____ Business _____
5. Have you ever been discharged (fired) from employment for any reason? If so, why? _____

6. Have you ever been convicted of any crime other than a traffic violation? If so, what? _____

POSITION DESIRED

8. Position Applied For _____
9. Availability Date _____
10. Minimum Acceptable Salary _____
11. May we contact your present employer? _____
12. Will you accept employment that is part-time _____ Temporary _____

MILITARY SERVICE

13. Were you in the armed forces? _____ Yes _____ No
14. Branch of Service _____
15. Dates of Duty: From _____ To _____
16. Rank at Discharge _____
17. Nature of Discharge _____

EDUCATION

18. List all schools you have attended, including high school, college, and professional or trade schools:

School	Number Years Attended	Degree Earned

19. If you did not graduate from high school, indicate highest grade completed _____

SPECIAL QUALIFICATIONS

20. List any professional or trade certificates or licenses you possess (state date and authority for each):

21. Approximate words per minute: Typing _____ Shorthand _____

22. Professional Memberships: _____

REFERENCES

23. List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying:

	Name	Title	Complete Address	Telephone
A.				
B.				
C.				

EMPLOYMENT HISTORY

24. Starting with most recent and working backwards, list all pertinent employment experiences:

From _____ To _____

Employer _____ Position _____ Salary _____

Address _____

Immediate Supervisor _____ Telephone _____

Duties _____

Reason for Leaving: _____

From _____ To _____

Employer _____ Position _____ Salary _____

Address _____

Immediate Supervisor _____ Telephone _____

Duties _____

Reason for Leaving: _____

From _____ To _____

Employer _____ Position _____ Salary _____

Address _____

Immediate Supervisor _____ Telephone _____

Duties _____

Reason for Leaving: _____

From _____ To _____

Employer _____ Position _____ Salary _____

Address _____

Immediate Supervisor _____ Telephone _____

Duties _____

Reason for Leaving: _____

ADDITIONAL INFORMATION

25. Give any additional information about your qualifications which you feel would be helpful in assessing your application for employment:

CERTIFICATION

26. I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I also understand that, if employed, my employment is at will. I authorize investigation of all statements contained in this application.

Signature _____

Date _____

- **This and all other application/personal information will be kept confidential by Colonial Behavioral Health.**