

## Roanoke Higher Education Authority Employment Application Form

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**Please mail completed application to:**  
108 N. Jefferson St., Suite 208, Roanoke VA 24016  
**or fax application to:** 540.767.6020  
**or email application to:** jobs@education.edu

**OFFICE USE ONLY:**

Date received:

Reviewed by:

**PLEASE COMPLETE PAGES 1-5.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                       State                       Zip

How long at current address \_\_\_\_\_

Telephone \_\_\_\_\_

Are you under age 18  YES  NO; if "YES", can you provide proof of your eligibility to work?  YES  NO

Are you currently authorized to work in the United States?  YES  NO. Proof of eligibility will be required if hired.

Position applied for (1) \_\_\_\_\_  
 and wage desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When are you available to start work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying?  No     Yes    A Conviction record will not necessarily disqualify you from employment.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**APPLICATION FOR EMPLOYMENT**

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates
Address		From
City, State, Zip Code		To
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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**APPLICATION FOR EMPLOYMENT**

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May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No    If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_ Yes \_\_\_\_ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

**As indication that you have read and understood each sentence, please write your initials in the spaces provided below.**

In exchange for the consideration of my job application by the Roanoke Higher Education Authority, (hereinafter called "the Authority"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Authority practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Authority, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Authority. Both the undersigned and the Authority may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Authority may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Authority permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Authority from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Authority may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Authority, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Authority shall be probationary for a period of six (6) months, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The Roanoke Higher Education Authority is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Authority depends solely on your qualifications.

Thank you for completing this application form and for your interest in our organization.