



Application for Employment

165 Ward Avenue
Winchester, VA 22602

Office: (540) 662-8010
Fax: (540) 662-8464

Position applied for _____

Social Security No. _____ (optional – may be required on other forms prior to employment.)

Full legal name _____
Last First Middle

Address _____
City State Zip

Home Phone _____

Cell Phone _____

E-mail Address _____

EDUCATION:

a) Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

b) If you did not complete high school, do you have a high school equivalency diploma? YES NO

c) Circle number of years of post high school education 1 2 3 4 5 6 7

Name and Location of School	Degree Rec'd	Major or Specialty	Minor	Dates Attended
1.				
2.				
3.				

EXPERIENCE:

a. Job Title _____ Duties _____

Employer _____

Address _____

_____ Phone _____

Type of Business _____

Immediate supervisor _____ Number of people you supervised _____

Title _____ Equipment used _____

Salary (start) _____ (finish) _____ Reason for leaving _____

Dates (mo/yr) _____ (mo/yr) _____

The position was: FULL TIME PART TIME _____ HOURS/WK

b. Job Title _____ Duties _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of Business _____
 Immediate supervisor _____ Number of people you supervised _____
 Title _____ Equipment used _____
 Salary (start) _____ (finish) _____ Reason for leaving _____
 Dates (mo/yr) _____ (mo/yr) _____
 The position was: FULL TIME PART TIME _____ HOURS/WK

c. Job Title _____ Duties _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of Business _____
 Immediate supervisor _____ Number of people you supervised _____
 Title _____ Equipment used _____
 Salary (start) _____ (finish) _____ Reason for leaving _____
 Dates (mo/yr) _____ (mo/yr) _____
 The position was: FULL TIME PART TIME _____ HOURS/WK

REFERENCES:

Name	Address	Phone	Relationship

May we contact all of your references? YES NO

Have you ever been convicted for any violation of law, including moving traffic violations? YES NO – If yes, description:

Are you 18 years of age or older? YES NO

Are you a U.S. citizen or an Alien authorized to work in the U.S. YES NO

Are you employed now? YES NO

If so, may we contact your employer? YES NO

Have you ever applied to this company before? YES NO WHEN? _____

When will you be available to start work? _____Month _____Day_____Year

Check shifts that you would accept:

Morning Day Evening Weekends Holidays Rotating

Are there any times or date ranges you could not work or hours would be limited?

YES NO If yes, When? _____

License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

Best skills and qualifications you possess for a position here:

CERTIFICATION:

I hereby certify that all entries on this application for employment are true and complete.

I authorize Candy Hill Campground to perform a background check at any time.

Date _____ Applicant Signature _____