



Stafford Junction Where Lives Connect

Job Application

Please print clearly or type

Date: _____

Name the position for which you are applying: _____

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Phone (H): _____ (W): _____ (cell): _____

E-mail: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Are you seeking to fulfill an internship or class requirement? Yes No

If yes, please provide name of institution, course name, hours required, and deadline for hours:

SKILLS & EXPERIENCE

What is your educational background? _____

What is your occupation? _____

Do you have any past or present experience working with youth? If yes, please describe: _____

What types of transportation do you use? _____

Please check the area(s) that interest you. Check as many or as few as you like.

I would enjoy:

- | | |
|--|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Sports/Coaching |
| <input type="checkbox"/> Music | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Listening to a child read | <input type="checkbox"/> Assisting with Fundraising |
| <input type="checkbox"/> Mentoring Teens | <input type="checkbox"/> Office & Clerical work |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Preparing/Serving Food |
| <input type="checkbox"/> Leading games | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Serving on a committee | <input type="checkbox"/> Advertising |

Are there any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? _____

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

=====

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

REFERENCES

Please list two non-related people who can attest to your character, skill and dependability.

Name: _____ Phone: _____

Address: _____ Relation: _____

Name: _____ Phone: _____

Address: _____ Relation: _____

LEGAL

Please circle the applicable response. Existence of criminal conviction may or may not, depending upon the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

1. Do you currently use illegal drugs

Yes

No

2. Have you ever been convicted of a criminal offense, other than minor traffic violations?

Yes

No

3. Have you ever been convicted of child abuse or neglect or is there an pending criminal charge against you for child abuse or neglect?

Yes

No

4. Has your driver's license been suspended or revoked?

Yes

No

5. Are there any other facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?

Yes

No

Please use the space below to explain any "yes" responses.

COMMUNITY SERVICE

Describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you decided to serve or get involved, and what you received in return—that is, what you learned or how it made you feel.

MOTIVATIONAL STATEMENT

Why do you want to work with Stafford Junction? What could you contribute to the programs? What do you hope to gain from serving in this position?

Understanding and Authorization

I certify that all the answers on the application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.

I agree that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize educational institutions, employers and references listed above to give you any and all information concerning my education, employment, and fitness to work with children and young people. I further agree to release and hold harmless Stafford Junction, institutions and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature: _____ Date: _____

Parent's Signature (if under age 18): _____ Date: _____

Return to:

Stafford Junction

400 Chatham Square Office Park
Fredericksburg, VA 22405