



EDUCATION: Please list education/training which you believe qualifies you for the position you are seeking.

High School: Number of Years Completed (select one)

1 2 3 4

Diploma: Yes No G.E.D. Yes No

Last High School Attended: _____ City/State: _____

College and/or Vocational School: 1 2 3 4

Number of Years Completed (select one)

College: _____ City/State: _____

Major: _____ Degree(s) Earned: _____

College and/or Vocational School: 1 2 3 4

Number of Years Completed (select one)

College: _____ City/State: _____

Major: _____ Degree(s) Earned: _____

Other Training or Degrees:

School(s): _____ City/State: _____

Course: _____ Degree or Certificate Earned: _____

PROFESSIONAL LICENSES OR MEMBERSHIPS:

Registered Qualified Mental Health Professional- Adult Child Trainee None

Eligibility status to register: _____

Virginia QMHP License #: _____ Expiration Date: _____

Valid Driver's License Yes No Driver's License #: _____ Expiration Date: _____

Other Type of License(s) Held: _____

State of Virginia License Number: _____ License Expiration Date: _____

Other Professional Membership(s): _____

(You are not obligated to disclose membership(s) in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status any other protected status.)

SKILLS:

Office: Typing/Keying _____ wpm. Word Processing Spreadsheets Email/Correspondence

Other: _____

Other Relevant Skills: _____



MILITARY SERVICE:

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

EMPLOYMENT: Please list your Present employer First.

May we contact your present employer? Yes No If no, Why: _____

If employment was under a different name, please indicate that name: _____

Employer: _____

Address: _____

Phone #: _____ Position Held: _____

Dates of Employment: From _____ To _____

Month/Year

Month/Year

Salary: _____ Supervisor: _____ Department: _____

Duties: _____

Full Time Part Time Number of Hours: _____ Reason for Leaving: _____

Employer: _____

Address: _____

Phone #: _____ Position Held: _____

Dates of Employment: From _____ To _____

Month/Year

Month/Year

Salary: _____ Supervisor: _____ Department: _____

Duties: _____

Full Time Part Time Number of Hours: _____ Reason for Leaving: _____



Employer: _____

Address: _____

Phone #: _____ Position Held: _____

Dates of Employment: From _____ To _____

Month/Year

Month/Year

Salary: _____ Supervisor: _____ Department: _____

Duties: _____

Full Time Part Time Number of Hours: _____ Reason for Leaving: _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Please explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain: _____

PROFESSIONAL REFERENCES (List three):

Name/Relationship: _____ Job Title/Yrs. Known: _____

Address: _____

Phone: (_____) _____ Work Home Cell Email: _____

Name/Relationship: _____ Job Title/Yrs. Known: _____

Address: _____

Phone: (_____) _____ Work Home Cell Email: _____

Name/Relationship: _____ Job Title/Yrs. Known: _____

Address: _____

Phone: (_____) _____ Work Home Cell Email: _____



APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Eastern Virginia Advanced Care, LLC to verify their accuracy and to obtain reference information on my work performance. I hereby release Eastern Virginia Advanced Care, LLC from all liability of whatever kind and nature which, at any time, which could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____

FINAL STEP: To submit your application please choose your preferred location by clicking the correct box below:

13193 Warwick Blvd. Ste 105
Newport News, VA 23602

 (757) 898-7524

 [Click here](#) 

(757) 898-4209



503 Crawford Street
Portsmouth, VA 23704

 (757) 956-5031

 [Click here](#) 

(757) 956-2365

348 S. Crater Road
Petersburg, VA 23803

 [Click here](#) 

(804) 431-5207

RESET FORM [Click here](#) 

*This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.*