



Employment Application

Should you need any special accommodations to participate in the application process (i.e. assistance in completing the application, accommodations for the interview, accommodations for any job-related employment tests, or any other needed accommodations), please let us know at the time of application, or at the time an appointment is scheduled.

Personal Information						
Legal Last Name		Legal First Name			Middle Initial	
May we contact you via E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No				If so, please provide your E-mail address:		
Social Security Number			Date Available to start work			
Home phone number			Message/Mobile phone			
Address (number, street, apartment number)						
City		State			Zip	
Were you previously employed by Destiny Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, how were you referred? _____		
If YES, Date: From _____ To _____				<input type="checkbox"/> Advertisement (specify):		
Position: _____				<input type="checkbox"/> Employment Agency (Company):		
Location: _____				<input type="checkbox"/> Employee Referral (Name of Employee):		
				<input type="checkbox"/> School:		
				<input type="checkbox"/> Other (Specify):		
CAN YOU, AFTER EMPLOYMENT OFFER, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No (In accordance with the immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.)						
Are you authorized to work for all U.S. employers or only your current employer? <input type="checkbox"/> All <input type="checkbox"/> Current						
Are you at least eighteen years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If less than 18 yrs., you will need to provide a work permit and/or age certificate upon offer of employment)						
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: (such a conviction will not necessarily disqualify you from employment with Destiny Services. Please attach an additional sheet if necessary).						
Job Interest						
Wage/Salary desired: \$ _____ per _____		Preferred work schedule			Hours of Availability:	
Position for which you are applying: _____		<input type="checkbox"/> Full-time			Sun	
_____		<input type="checkbox"/> Part-time			Mon	
Location: _____		<input type="checkbox"/> Temporary			Tues	
					Wed	
					Thu	
					Fri	
					Sat	
Education Information						
Type of School	Name and Location	Years Completed	Major Course of Study	Graduated (Yes or No)	Degree	
High School						
College/ University						
Graduate School						
Technical/ Business						
Please list any job related professional, trade, business or civic activities, organizations, and associations in which you participated, or of which you are a member. (You may omit those that indicate race, color, religion, political affiliations, national origin, ancestry, disability, marital status, sex, or age.)						

Employment History

Highlight your knowledge, skills and abilities which best demonstrate your qualifications for the position for which you are applying. You may list significantly different jobs within the same organization as separate items. May we contact your present employer? Yes No

Starting with your most recent job, accurately list ALL jobs you have held in the past ten (10) years. Give correct addresses and telephone numbers. Include volunteer and military experience.

1.

Name of current/most recent employer		Position Held		
Employer's address (number/street)		City	State	ZIP
Dates Employed: From _____ To _____	Position (starting):\$ _____		Final salary:\$ _____	
Duties: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			
_____	Number and title of employees you supervised: _____			
_____	Equipment used: _____			
_____	Your name is different from present: _____			
Reason for leaving: _____		Supervisor (name and title): _____		
_____		Telephone Number: () _____ ext.: _____		

2.

Name of current/most recent employer		Position Held		
Employer's address (number/street)		City	State	ZIP
Dates Employed: From _____ To _____	Position (starting):\$ _____		Final salary:\$ _____	
Duties: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			
_____	Number and title of employees you supervised: _____			
_____	Equipment used: _____			
_____	Your name is different from present: _____			
Reason for leaving: _____		Supervisor (name and title): _____		
_____		Telephone Number: () _____ ext.: _____		

3.

Name of current/most recent employer		Position Held		
Employer's address (number/street)		City	State	ZIP
Dates Employed: From _____ To _____	Position (starting):\$ _____		Final salary:\$ _____	
Duties: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			
_____	Number and title of employees you supervised: _____			
_____	Equipment used: _____			
_____	Your name is different from present: _____			
Reason for leaving: _____		Supervisor (name and title): _____		
_____		Telephone Number: () _____ ext.: _____		

4.

Name of current/most recent employer		Position Held		
Employer's address (number/street)		City	State	ZIP
Dates Employed: From _____ To _____	Position (starting):\$ _____		Final salary:\$ _____	
Duties: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			
_____	Number and title of employees you supervised: _____			
_____	Equipment used: _____			
_____	Your name is different from present: _____			

Reason for leaving: _____ Supervisor (name and title): _____
 _____ Telephone Number: () _____ ext.: _____

Use this space for any additional information for which you think would help us evaluate your application, including training, seminars, workshops, and special achievements of specialized skills:

Microsoft Office Skills: (check the skills you possess knowledge of application)
 _____ Word _____ Excel _____ Access _____ PowerPoint

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

Type	License Number	Granted by (Licensing Board)

Miscellaneous

Are you willing to accept employment which requires you to travel? yes no If yes, during the day during the evening overnight

Are you willing to provide your own transportation for your employment as a company vehicle is not provided, nor is fuel or mileage reimbursed?
 yes no

Do you have a problem using your personal cell phone for business purpose as a company cell phone is not provided nor is reimbursement for use? yes no

Will you accept texts from your employer? yes no

Have you ever been convicted* for any violation(s) of law, including moving traffic violations? yes no

If **YES**, please provide the following:

Description of offense: _____

Statue or ordinance (if known): _____ Date of charge: _____

Date of conviction: _____ County, City, State of conviction: _____

Description of offense: _____

Statue or ordinance (if known): _____ Date of charge: _____

Date of conviction: _____ County, City, State of conviction: _____

(For additional convictions use plain paper, include all information listed above)

**Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious wounding, if you were age fourteen (14) to eighteen (18) when charged.*

When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Month _____ Day _____ Year

References

Please provide the names, addresses, and telephone numbers of at least three (3) professional references who are not related to you (i.e. previous employer/supervisor, co-worker, teacher, professor, etc.).

1. Name	Relationship and Title
Address	Telephone Number () ext.
2. Name	Relationship and Title
Address	Telephone Number () ext.
3. Name	Relationship and Title
Address	Telephone Number () ext.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

We greatly appreciate your interest in our organization. Please be advised that applicants are considered for all positions without regard to race, color, religion, sex, age, sexual orientation, national origin, disability or any other protected characteristics as established by law. This policy of Equal Employment Opportunity applies to all policies and procedures relating to recruitment and hiring, compensation, benefits, termination and all other terms and conditions of employment. For consideration for employment with us, the application must be completed in its entirety and signed by you.

This application will remain open for consideration for the position for which you applied for ninety (90) days from today's date. If you wish to be considered for this position or another position after ninety days from this date, you will need to complete and submit another application.

Should you be formally offered a position with Destiny Services your employment will be considered "at-will", which means that there is no agreement between you and Destiny Services or any of its affiliated companies for any definite period of employment. Furthermore, it is understood that you or Destiny Services has the right to terminate your employment at any time, with or without cause. There is no guarantee of employment terms, conditions or benefits except those that are made in writing by the owner or authorized executive level manager.

I certify that the answers given by me are true and correct without omissions of any kind whatsoever, and that intentional falsification of information given will be grounds for disciplinary action, up to and including termination.

I understand any offer of employment may be contingent upon a credit, criminal or other types of background checks, including a drug screening. I hereby authorize all references, former employers and educational institutions listed on my employment application to give the company any and all information concerning my previous employment/academic attendance and performance in addition to any pertinent information they might have, personal or otherwise, and release all parties from any claims, causes of action, or liability from damages that may or could result in furnishing such information to the company. I authorize Destiny Services to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need- to- know basis for good cause shown as determined by this agency head or designee.

I understand that if hired, the employment relationship is at-will. This means that either Destiny Services or I may terminate the employment relationship at any time, for any or no reason.

BY LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE.

Signature of Applicant: _____

Date: _____

DESTINY SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER