



**Community
Access Network**

APPLICATION FOR EMPLOYMENT/CONTRACT EMPLOYMENT

800 5th St Martin Luther King Jr Blvd
Lynchburg, VA 24504
434-200-3366 (Main) 434-528-9101 (Fax)

It is the policy of the Community Access Network (CAN) to employ, promote, retain, dismiss, and/or transfer professional and non-professional employees without regard to race, age, disability, gender, color, creed, national origin, political affiliation, or belief. CAN is an Equal Employment Opportunity employer.

Date: _____

PERSONAL

Name: _____
(Last) (First) (Middle or maiden name)

Present Mailing Address: _____
(Street) (City) (State) (Zip)

How many years have you lived at this address? _____ Telephone Number: (____) _____

Social Security Number: _____ E-mail Address: _____

Job(s) applied for: 1. _____ 2. _____

How did you learn of this opening? _____

Have you worked for us before? Yes No If yes, when? _____

List any friends or relatives working for us: _____

If hired, on what date will you be able to start work (mm/dd/yy)? _____

Other significant experience, skills, qualifications, or honors received: _____

If hired, do you have a reliable means of transportation to get to work? Yes No

Have you ever been discharged or requested to resign from a position? Yes No If yes, please explain:

Do you have any barrier crimes that may prevent you from working within our company? Yes No If yes, please explain:

EDUCATIONAL BACKGROUND

(Please request original transcripts from college or graduate programs be sent directly to CAN.)

Type of School	Name and Address of School	Dates of Attendance (MM/DD/YY) From ... To	Graduated	Diploma or Degree
Grammar or Grade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

Dates (MM/DD/YY) From ... To	Name and Address of Employer	Rate of Pay Start / Finish	Supervisor's Name and Title	Reason for Leaving
Describe in detail the work you did:			Job Classification: _____	

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Describe in detail the work you did:			Job Classification: _____	

Dates (MM/DD/YY) From ... To	Name and Address of Employer	Rate of Pay Start / Finish	Supervisor's Name and Title	Reason for Leaving
Describe in detail the work you did:			Job Classification: _____	

May we contact the employers listed above? Yes No If not, indicate below which one(s) you do not wish us to contact.

PROFESSIONAL LICENSES

(Please list any professional licenses or certifications. Attach copies of licenses or certificates to this application.)

Name of Licensing/Certifying Agency	Type of License/Certification	License Number	Effective Date	Expiration Date

Are you registered with the DEA? Yes No If yes, DEA #: _____

PERSONAL REFERENCES

(Please provide two to three business references including an email address and phone number for the contact. Current employees and/or relatives are not eligible.)

Name of Business Reference	Occupation of Reference	Email Address	Phone Number

MILITARY SERVICE RECORD

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Date of duty: From _____ to _____ Rank at Discharge: _____
Month Day Year Month Day Year

What were your duties in the Service (including special training and duty station)? _____

Occasionally, the form of an application blank makes it difficult for an individual to adequately summarize his complete background. To assist us in finding the proper position for you, use the space below to summarize any additional information necessary to describe your full qualifications.

PLEASE READ CAREFULLY: 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. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I acknowledge that CAN is a Drug Free Workplace.

Date: _____ Signature of Applicant: _____

Thank you for your interest in employment with us.

Employment Verification Form

Name of Applicant: _____ Date: _____

Applicant/Employee Release: I authorize the Community Access Network to make any investigations and inquiries of my personal, employment, educational, financial history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, persons from all liability in responding to inquiries in connection with my application and do authorize and direct them to respond to such inquiries.

Signature of Applicant _____ **Date** _____

**If you have changed your name, or used other names, please indicate all names: _____

Name of Previous Employer: _____ Date: _____

Name of Employment Verifier: _____ Title: _____

Dates of Employment: _____ Eligible for Rehire: Yes No

Position Employee Held: _____

Brief Description of Job Duties and Responsibilities: _____

Name of Previous Employer: _____ Date: _____

Name of Employment Verifier: _____ Title: _____

Dates of Employment: _____ Eligible for Rehire: Yes No

Position Employee Held: _____

Brief Description of Job Duties and Responsibilities: _____

Signature and title of CAN employee completing verification check
Human Resources: February 2016

_____ Date