

Pre-Employment Questionnaire Equal Opportunity Employer

Please mail application to:

517 Park Street

Charlottesville, VA 22902

Or email to: Or Fax to: ncarring ton @the stars program.com

to: (434) 970-2044

PERSONAL INFORMATION			
NAME (LAST NAME, FIRST NAME)	LAST 4 DIGITS OF SOCIAL SECURITY N		
ADDRESS	CITY	STATE	ZIP
PHONE NO.	EMAIL ADDRE	SS	REFERRED BY
EMPLOYMENT DESIRED			
POSITION	DATE YOU CA	N START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY WI	INQUIRE OF YOUR C	CURRENT EMPLOYER?
□ YES □ NO	□ YES □ N	0	
HAVE YOU APPLIED TO STARS BEFORE?	IF SO, WHEN?		
□ YES □ NO			
GENERAL INFORMATION			
HAVE YOU SERVED IN THE US MILITARY OR NAVAL SERVICE?	IF YES, WHE	N?	
□ YES □ NO			
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	OFFESE(S) L		IVICTION(S), NATURE OF ION(S), AND DATE THE
□ YES □ NO	OFFERSE(S)	WERE COMMITTED.	



EDUCATION HISTORY								
NAME AND LOCATION	AND LOCATION YEARS ATTENDED		DID YOU GRADUATE?			MAJOR/MINO	OR/CONCENTRATION	
HIGH SCHOOL			□ YES	□NO	□ NA			
COLLEGE			□ YES	□NO	□NA			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			□ YES	□NO	□NA			
SUBJECTS OF SPECIAL STUDY RESEARCH WORK OR SPECIAL TRAINING/SKILLS	′		□ YES	□NO	□NA			
CERTIFICATIONS AND TRA	INING INFO	ORMA.	TION					
ARE YOU CERTIFIED IN CPR?	RE YOU CERTIFIED IN CPR? IF YE		ES, DATE (	S, DATE OF CERTIFICATION:				
□ YES □ NO								
ARE YOU CERTIFIED IN FIRST AID?		IF YE	YES, DATE OF CERTIFICATION:					
□ YES □ NO								
		IF YE	YES, DATE OF CERTIFICATION:					
□ YES □ NO								
HAVE YOU HAD RESTRAINT TRAINING? IF YE		ES, LIST TYPE AND DATE OF TRAINING:						
□ YES □ NO								
FORMER EMPLOYERS (LIST BELOW THE LAST FOUR E	MPI OVERS S	<i>T                                    </i>	WITH MOS	T RECENT	T ONE FIR	S(T)		
DATES OF NAME, ADDRE	NAME, ADDRESS AND PHONE NUMBER		R	POSITIO		SALARY	REASON FOR LEAVING	
UI DO LINEALLY	Z.M EVIER			1 001110		SIRE RIVE	EEEE	



### **REFERENCES**

# PLEASE PROVIDE THE NAMES OF THREE PEOPLE WHO ARE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

PHONE NUMBER	RELATION	YEARS KNOWN
	PHONE NUMBER	PHONE NUMBER RELATION

### **AVAILABILITY SCHEDULE**

## PLEASE PUT A CHECK MARK IN ALL BOXES THAT CORRESPONDS WITH WHICH SHIFTS YOU ARE AVAILABLE TO WORK

	8AM-4PM	3:30PM-12AM	12AM-8AM	12AM-12PM	12PM-12AM
SATURDAY	THESE HOURS NOT AVAILABLE AT THIS TIME	THESE HOURS NOT AVAILABLE AT THIS TIME	THESE HOURS NOT AVAILABLE AT THIS TIME		
SUNDAY	THESE HOURS NOT AVAILABLE AT THIS TIME	THESE HOURS NOT AVAILABLE AT THIS TIME	THESE HOURS NOT AVAILABLE AT THIS TIME		
MONDAY	THESE HOURS NOT AVAILABLE AT THIS TIME			THESE HOURS NOT AVAILABLE AT THIS TIME	THESE HOURS NOT AVAILABLE AT THIS TIME
TUESDAY	THESE HOURS NOT AVAILABLE AT THIS TIME			THESE HOURS NOT AVAILABLE AT THIS TIME	THESE HOURS NOT AVAILABLE AT THIS TIME
WEDNESDAY	THESE HOURS NOT AVAILABLE AT THIS TIME			THESE HOURS NOT AVAILABLE AT THIS TIME	THESE HOURS NOT AVAILABLE AT THIS TIME
THURSDAY	THESE HOURS NOT AVAILABLE AT THIS TIME			THESE HOURS NOT AVAILABLE AT THIS TIME	THESE HOURS NOT AVAILABLE AT THIS TIME
FRIDAY	THESE HOURS NOT AVAILABLE AT THIS TIME			THESE HOURS NOT AVAILABLE AT THIS TIME	THESE HOURS NOT AVAILABLE AT THIS TIME

DO YOU HAVE ANOTHER JOB OR ANY OTHER OBLIGATIONS THAT WOULD PREVENT YOU FROM WORKING ANY PARTICULAR DAYS OR HOURS? IF SO, PLEASE LIST THE DAYS AND TIMES YOU CAN NOT WORK:



### JOB RELATED QUESTIONS

1. What is your experience in the Human Services Field working with teens? (Work, volunteer or personal experience)
2. What type of qualifications do you have for this position? (Education or life experience)
3. How many days in the past year would you say you have missed from work or school?
4. How long can you commit to STARS, if the job was something you enjoyed doing?
5. Are you willing and able to transport Residents as needed? Do you have a driver's license? How is your driving record?
6. Where would you like to see yourself five years from now?
AUTHORIZATION
"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application will be grounds for dismissal."
"I authorize investigations of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information."
"I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."
"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."
Date: Signature of Applicant: