



APPLICATION FOR EMPLOYMENT

We consider all applicants for positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PLEASE PRINT

LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS		CITY	STATE ZIP CODE
MOBILE NUMBER	HOME NUMBER	SSN	

Position(s) applied for:	Date of Application:
How did you learn about CAVA? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	

- Yes No
 N/A

If you are under the age of 18 years old, can you provide proof of your eligibility to work?

- Yes No

Have you ever been employed with us? *If yes, please give date: ____/____/____*

- Yes No
 Yes No

Are you currently employed?

Can we contact your current employer?

- Yes No
 N/A

Are you prohibited from lawfully becoming employed in this county because of Visa or Immigration Status? *Proof of citizen or immigration status is required upon employment.*

On what date can you start working with CAVA?

- Yes No

Can we contact your current employer?

What are you available to work? (Full time, part time, shift work, temporary)

(pg 1-7)

Counseling Alliance of Virginia, LLC

8527 Mayland Drive Suite 101, Richmond, VA 23294 Office 804.346.5165 Fax 804.346.5167



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- Yes No Are you currently on 'lay-off' status and subject to recall?
- Yes No Can you travel if needed?
- Yes No Have you ever been convicted or currently under investigation of a felony? *If so please explain.* _____

- Yes No Have you ever been convicted or are currently under investigation of child abuse? *If so please explain.* _____

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EDUCATION

SCHOOLING	NAME & ADDRESS	COURSE OF STUDY	YEARS ATTENDED	DIPLOMA/ DEGREE AWARDED
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

(pg 2-7)



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LANGUAGE

Indicate language(s) you can speak, read and/or write and your ability to do so.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

•••

EMPLOYMENT EXPERIENCE

Describe any specialization training, apprenticeship, skills and extra-curricular activities. Also list profession, trade, business or civic activities and offices held.

Describe any job-related training received in the United States military.

(pg 3-7)

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Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

EMPLOYER	FROM	TO	WORK PERFORMED
	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY		
	<input style="width: 80%; height: 20px;" type="text"/>		
JOB TITLE	SALARY		
	<input style="width: 80%; height: 20px;" type="text"/>		
REASON FOR LEAVING			

EMPLOYER	FROM	TO	WORK PERFORMED
	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY		
	<input style="width: 80%; height: 20px;" type="text"/>		
JOB TITLE	SALARY		
	<input style="width: 80%; height: 20px;" type="text"/>		
REASON FOR LEAVING			



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EMPLOYER	FROM <input type="text"/>	TO <input type="text"/>	WORK PERFORMED
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY <input type="text"/>		
JOB TITLE	SALARY <input type="text"/>		
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper. Include information pertaining to what is listed in the chart above.

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ADDITIONAL INFORMATION

What other job-related skills and qualifications have you acquired from employment or experience?

OPERATIONAL SKILLS:

- COMPUTER CRT CALCULATOR
 FAX MICROSOFT WORD
 Other: _____

(pg 5-7)

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State any additional information you feel may be helpful to us in considering your application.

REFERENCES				
<i>No more than one reference should be personal. Others must be professional.</i>				
NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP	NUMBER OF YEARS ACQUAINTED

****Please provide us with your signed reference letters from the names listed above.**

(pg 6-7)

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APPLICANTS STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment with CAVA as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 40 days. Any applicant wishing to be considered for employment beyond this time period of 40 days should inquire as to what the status of the application at the time or complete a new application.

I herby understand and acknowledge that, unless otherwise defined by the applicable law, any employment relationship with CAVA is an 'at will' nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of CAVA.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge of employment. I also understand I am required to abide by all rules and regulations of the employer which is listed in CAVA'S POLICIES & PROCEDURES Manual but not limited to.

SIGNATURE OF APPLICANT

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

INTERVIEW DATE: ____/____/____ or N/A

COMMENTS:

EMPLOYMENT DATE: ____/____/____ or N/A

JOB TITLE: _____ **SALARY/HOURLY RATE:** _____

SIGNATURE OF DIRECTOR/SUPERVISOR

DATE