

Making Positive
Change in the
Heart of Appalachia



(Formerly RADA, Inc.)
190 Beech Street, Suite 103
Gate City, VA 24251
Phone (276) 386-6441
Fax (276) 386-6523

EMPLOYMENT APPLICATION

The company is an equal opportunity employer. As such, we provide employment opportunities without regard to race, color, religion, national origin, gender, age, disability, veteran status, military service, or other characteristics protected by law.

POSITION SOUGHT

Position Applied For: _____

PERSONAL INFORMATION

Full Name: _____
Last First Middle

Other names by which you have been known and applicable dates: _____

Current Address: _____
Street (include house, apt. number, etc.) City State Zip

Telephone: (_____) _____ E-mail: _____

Are you at least 18 years old? Yes No

If you are under 18, can you furnish a work permit? Yes No

Are you authorized to work in the U.S.? Yes No

Do you now, or will you in the future, require sponsorship for employment visa status? Yes No

Date you can start work: _____

Position desired: Full-time Part-time Temporary Seasonal Educational Co-Op

Shift availability (check all that apply): Day Evening Night Rotating

Day availability (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun

Overtime availability: Yes No

Have you applied for employment with the company before? Yes No

If so, when?: _____
Date Position

Have you ever worked for the company before? Yes No

If so: _____
Date Position Location

Driver's License Number (if job-related) _____ State _____



EMPLOYMENT HISTORY

Have you ever been involuntarily terminated or asked to resign from employment? Yes No

If so, give the name of the employer, dates of employment, position held, name of supervisor, and reason for termination/resignation request:

Have you ever been counseled, disciplined, terminated or asked to resign as a result of reported workplace harassment, fighting/assault, violation of safety rules, or other inappropriate condition? Yes No

If so, give the name of the employer, date and description of incident:

List your complete employment history, including military service, starting with your present status. All periods of unemployment must be identified as "Unemployed" and dates of unemployment identified. Do not leave time gaps. If necessary, use Supplemental Employment History form to provide all information.

Name of employer: _____ Position(s) held, job responsibilities, salary,
_____ supervisor and dates: _____

Address/phone number of location where you worked: _____

Reason for leaving: _____

Name of employer: _____ Position(s) held, job responsibilities, salary,
_____ supervisor and dates: _____

Address/phone number of location where you worked: _____

Reason for leaving: _____

Name of employer: _____ Position(s) held, job responsibilities, salary,
_____ supervisor and dates: _____

Address/phone number of location where you worked: _____

Reason for leaving: _____

EDUCATION

Name and Location	Years Completed	Did You Graduate?	Degree
High School _____	9, 10, 11, 12	Yes No	
College _____	Fr So Jr Sr	Yes No _____	
Trade School _____		Yes No _____	
Graduate School _____		Yes No _____	

REFERENCES

(List 3. Do not list relatives, domestic partners, or former employers.)

Name _____ Occupation: _____
Complete Address _____
Phone number (____) _____ Dates known: _____

Name _____ Occupation: _____
Complete Address _____
Phone number (____) _____ Dates known: _____

Name _____ Occupation: _____
Complete Address _____
Phone number (____) _____ Dates known: _____

CRIMINAL HISTORY

Have you ever been convicted of (or pleaded guilty or no contest or paid a fine for) ANY criminal offense of ANY type whatsoever (this includes but is not limited to felonies, misdemeanors, DWI, hunting offenses, domestic violence, city or county ordinances)? Yes No

If so, list all offense(s), date(s) of conviction/plea, county/city/state of conviction:

PROFESSIONAL CERTIFICATIONS

List all professional licenses, certifications, etc., that may be related to the position you are applying for and list dates issued and name of the organization granting the license, certification, etc.

List and describe any special skills, second languages, or other training you have that may be related to your employment. _____

IMPORTANT INFORMATION

I certify that the information provided on this application form, along with all other information I have provided to the company, is accurate and complete. I understand that any misrepresentations or omissions will be cause for not hiring me or for terminating my employment, once hired.

I understand that the company will undertake, and I authorize the company to undertake, any investigation it deems necessary in considering me for employment or, if hired, my continued employment. I expressly authorize any present or former employer; school, college, or university; utility company; credit or finance bureau; personal reference; chief law enforcement officer; any member of any local, state, or federal law enforcement agency; or any other person to give the company any information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit, reputation, mode of living, education, or criminal record. I unconditionally release the company and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided.

I understand that this application will be active only for the specific position identified above and only during the period the company is seeking to fill the current opening(s), and that any job offer, or if hired, my continued employment, may be conditioned upon a medical examination and/or alcohol or drug testing.

I understand that, if hired, my employment will be strictly at will. That means that my employment is for an indefinite period and that the company or I may terminate the employment at any time, for any or no reason, with or without notice or intermediate steps. I further understand that no verbal statements or statements in any company policy or procedure manual, employee handbook, or other document shall be construed to have altered the at-will nature of my employment. No company manager or representative shall be authorized to make any representations to the contrary.

Signature

Date

EMPLOYMENT HISTORY

List your complete employment history, including military service, starting with your present status. All periods of unemployment must be identified as "Unemployed" and dates of unemployment identified. Do not leave time gaps. If necessary, use additional Supplemental Employment History forms to provide all information.

Name of employer: _____
Address/phone number

of location where you worked: _____

Position(s) held, job responsibilities, salary, supervisor, and dates: _____

Reason for leaving: _____

Name of employer: _____
Address/phone number

of location where you worked: _____

Position(s) held, job responsibilities, salary, supervisor, and dates: _____

Reason for leaving: _____

Name of employer: _____
Address/phone number

of location where you worked: _____

Position(s) held, job responsibilities, salary, supervisor, and dates: _____

Reason for leaving: _____

DRIVING HISTORY

If the position you seek requires you to drive a vehicle, please answer the following questions.

Do you have a valid driver's license? Yes No

If yes, list state, number, and expiration date: _____

List all states from which you have held a driver's license and dates held _____

Has your driver's license, permit, or privileges ever been suspended, revoked, or canceled?

Yes No

If so, list state(s), date(s), and reason(s): _____

Have you ever been denied a driver's license, permit, or privilege to drive by a government agency or employer? Yes No

If yes, list date(s), government agency(ies)/employer(s), and reason(s): _____

Have you ever been charged with any traffic-related offenses? Yes No

If yes, list all offense(s), date(s), location(s), and result(s): _____

If the position you seek requires you to operate a commercial motor vehicle, please answer the following questions.

Name of all employers for whom you operated a commercial motor vehicle during the past 10 years:

Note: Be sure that these employers, addresses, dates of employment, and reasons for leaving are identified in the employment history section of the application.

During the previous two years, have you:

- | | | |
|---|------------------------------|-----------------------------|
| 1) Had an alcohol test result of 0.04 alcohol concentration or greater? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Had a verified positive controlled substance test result? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Refused to take an alcohol or drug test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |