



Summer Staff Application

www.ext.vt.edu

Full Name		Date of Birth
Permanent (Home) Address		Home Phone
Current (School) Address – if applicable		Cell Phone
Position Sought	Email Address	

Education

Have you completed High School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If not, do you have a GED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Please List any college experience you have:

College or University Name	Major or Area of Study	Degree Received?	Graduation Date
1)			
2)			
3)			

Previous Work Experience

Describe all paid, military, and applicable volunteer experience. Highlight your knowledge, skills, and abilities that best demonstrate your qualifications for this position.

1) Employer:	Employer Address:	Employer Phone:
Duties:		
2) Employer:	Employer Address:	Employer Phone:
Duties:		
3) Employer:	Employer Address:	Employer Phone:

Duties:

May we contact your current employer? Yes No

License & Certifications

Includes driver's license and any other pertinent certifications (first aid, CPR, lifeguard, etc.)

Name	License Number	Expiration Date	Granted by Licensing Board
1)			
2)			
3)			

Miscellaneous

1) For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes
No

2) For purposes of compliance with Section 2.2-2903 of the code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the National Guard, or (ii) has a service connected disability rating fixed by the United States Veteran Affairs? Yes
No

3) What date will you be available to start work? _____

References

Please list three references other than family members who can attest to your personality, character, and professional qualities.

Reference Name	Reference Email	Reference Phone
1)		
2)		
3)		

Certification

I hereby certify that all entries in this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the 4-H Educational Center. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the 4-H Educational Center to rely upon the use, as it seems fit, any information received from 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 the center head or designee.

Applicant Signature: _____

Date: _____

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer.

Individuals with disabilities desiring accommodations in the application process should notify Holiday Lake 4-H Educational Center at 434-248-5444 by the application deadline.

*TDD number is (800) 828-1120.