

Application for Employment

Richmond Metropolitan Authority



(Please Print)

919 E. MAIN STREET, SUITE 600, RICHMOND, VA 23219

Position(s) Applied For:					Date:					
How Did You Learn About Us? <input type="checkbox"/> Sign on Toll Booths <input type="checkbox"/> Jobline <input type="checkbox"/> Friend or relative										
<input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Job Fair (_____)					Other:					
Last Name			First Name			Middle Name				
Any Former Names (including Maiden):										
Address		Number	Street		City		State		Zip Code	
Telephone Number(s) Where You Can Be Reached										
Home:			Office:			Cell:				

Have you ever been convicted of a: felony? Yes (Year:_____) misdemeanor? Yes (Year:_____) No No

If yes, please explain _____
(A conviction does not automatically eliminate you from employment consideration. The nature of the offense and when it occurred may be considered).

Are any of your relatives currently employed by the RMA? Yes No

If yes, who? _____

Have you ever been employed with us before? Yes No

If yes, when and in what capacity? _____

Are you lawfully authorized to work in the United States? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

EDUCATION

School Name and Location	High School				Undergraduate College/University				Graduate/ Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Did you Graduate?												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												

EMPLOYMENT

PLEASE LIST ALL EMPLOYMENT STARTING WITH PRESENT OR MOST RECENT EMPLOYER. USE SUPPLEMENTAL SHEET, IF NECESSARY, TO ACCOUNT FOR ALL OF YOUR WORK EXPERIENCE.

From	To	Employer	Telephone
Job Title		Address	
Supervisor		Describe the nature of work performed and job responsibilities:	
Starting Rate/Salary			
Ending Rate/Salary			
Reason for Leaving		Your name when employed (if different)	
From	To	Employer	Telephone
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Reason for Leaving		Your name when employed (if different)	

REFERENCES

List the names of three persons **not related to you**, whom you have known at least one year.

Name	Address & Phone Number	Business	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application are grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my present and previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that as a precondition to my employment with the RMA, I will be required to undergo a criminal history record check, a drug test, and may be required to undergo a Division of Motor Vehicle driving record check. I hereby authorize and consent to the foregoing inquiries and tests and consent to giving a urine sample for such testing. I further acknowledge and understand that the outcome of such inquiries and tests may result in my rejection for employment or disciplinary action.

I understand, agree and acknowledge that, if hired, my employment is at will for an indefinite period, and may be terminated at any time without any prior notice, and with or without cause. I further understand, agree, and acknowledge that my employment is subject to the policies and procedures of the RMA, as they may be issued or amended, and that such policies and procedures may be issued or amended at the discretion of the RMA without prior notice. I further understand, agree and acknowledge that nothing contained in the policies and procedures of the RMA as issued and or amended constitute a contract of employment.

Date _____ Signature _____



Supplemental Employment History Form

Name: _____ Page _____ of _____

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