

Pre-Employment Questionnaire Equal Opportunity Employer Please mail application to:

517 Park Street

Charlottesville, VA 22902

Or email to: Or Fax to: ncarrington@thestarsprogram.com

(434) 970-2044

PERSONAL INFORMATION NAME (LAST NAME, FIRST NAME)	SOCIAL SECURITY NO.			
ADDRESS	CITY	STATE	ZIP	
PHONE NO.	EMAIL ADDR	ESS	REFERRED BY	
EMPLOYMENT DESIRED				
POSITION	DATE YOU CA	AN START	SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY W	E INOUIRE OF YOUR O	CURRENT EMPLOYER?	
□ YES □ NO	□ YES □	_		
HAVE YOU EVER APPLIED TO STARS BEFO	PRE?	IF SO, WHEN?		
□ YES □ NO				
GENERAL INFORMATION				
HAVE YOU SERVED IN THE US MILITARY OR NAVAL SERVICE?	IF YES, WH	EN?		
□ YES □ NO				
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	OFFESE(S) I		NVICTION(S), NATURE OF ION(S), AND DATE THE	
□ YES □ NO				



EDUCATION HI	SIUKY						
NAME AND LOCATIO	)N	YEARS ATTENDED	DID Y	OU GRADUATE?	MAJ	OR/MINOR/CONCENTRATION	
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINES CORRESPONDEN							
SUBJECTS OF SPI RESEARCH WOR SPECIAL TRAINI	K OR						
<b>CERTIFICATIO</b> 1	VS AND TRAI!	NING INFORMA	ATION				
ARE YOU CERTII	FIED IN CPR?	IF Y	ES, DATE	OF CERTIFICAT	ION:		
☐ YES ☐ NO							
ARE YOU CERTIFIED IN FIRST AID?		ID? IF Y	IF YES, DATE OF CERTIFICATION:				
□ YES □ NO							
ARE YOU MEDICATION CERTIFIED?		IED? IF Y	IF YES, DATE OF CERTIFICATION:				
□ YES □ NO							
HAVE YOU HAD RESTRAINT TRAINING?			IF YES, LIST TYPE AND DATE OF TRAINING:				
□ YES □ NO							
FORMER EMPL (LIST BELOW THE		PIOVERS START	WITH MO	ST RECENT ONE 1	FIPST\		
DATES OF	NAME, ADDI	RESS AND PHONE NUM					
EMPLOYMENT		OF EMPLOYER		POSITION		REASON FOR LEAVING	



### **REFERENCES**

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

NAME	PHONE NUMBER	RELATION	YEARS KNOWN

### **AVAILABILITY SCHEDULE**

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

AVAILABLE TO VI					
	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?
AU'	THORIZATION
	ertify that the facts contained in this application are true and complete to the best of my knowledge and I erstand that if employed, falsified statements on this application will be grounds for dismissal."
give have	authorize investigations of all statements contained herein and the references and employers listed above to you any and all information concerning my previous employment and any pertinent information they may e, personal or otherwise, and release the company from all liability for any damage that may result from zation of such information."
agre	also understand and agree that no representative of the company has any authority to enter into any element for employment for any specified period of time, or to make any agreement contrary to the foregoing, ess 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 hibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."
Date	e: Signature of Applicant: