

**APPLICATION FOR EMPLOYMENT:**

PLEASE PRINT CLEARLY

POSITION APPLIED FOR:		Full time _____ Part time _____	DATE OF APPLICATION
LAST NAME		FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE	ZIP
HOME #	CELL #	OTHER #	
EMAIL ADDRESS		SOCIAL SECURITY #	

Have you ever been employed by INSIGHT, Inc. or The Arc of Greater Prince William?

YES  NO

If yes, please list dates \_\_\_\_\_

Which program? \_\_\_\_\_ Position \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Are you related to any current employees of INSIGHT, Inc. or The Arc of Greater Prince William?

YES  NO  If yes, give name, relationship and program.

Name	Relationship	Program
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Are you authorized for employment in this country? YES  NO

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Have you ever been dismissed or forced to resign or have you ever resigned in order to avoid being dismissed?

YES  NO  If yes, please lists all dates and explanation. \_\_\_\_\_

In Virginia, or any other location,

Have you ever been or are you presently the subject of any complaint of abuse or neglect? YES  NO

If yes, please list all cases, dates, and explanation. \_\_\_\_\_

Have you ever been convicted of or are you the subject of pending charges for any offense, including moving traffic violations? YES  NO  If yes, please list all cases, dates, and explain. \_\_\_\_\_

Have you been driving 3 years or longer with a valid U.S. Driver's License? YES  NO

Do you have a valid driver's license? YES  NO  What state? \_\_\_\_\_

Date of Issue \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you attached a driving record for the past 3 years of driving experience to this application? (This is required to complete the application process.) YES  NO  If NO, please explain below.

How did you hear of the position you are applying for? (Check one, please):

- Current Employee (First and Last Name) \_\_\_\_\_
- Internet (which site?) \_\_\_\_\_
- Other \_\_\_\_\_

What interested you in applying for this position?

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## EDUCATIONAL BACKGROUND

LEVEL	DID YOU GRADUATE?	DEGREE/MAJOR	SCHOOL NAME:	LOCATION (CITY/STATE)
HIGH SCHOOL	YES _____ NO _____			
TRADE / BUSINESS	YES _____ NO _____			
COLLEGE / UNIVERSITY	YES _____ NO _____			
GRADUATE/ OTHER	YES _____ NO _____			

In the space provided, list any job-related professional organizations to which you belong, honors or awards you have received, etc. or other experiences relevant to the position for which you have applied.

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Summarize special skills and qualification acquired from employment or other experience that may qualify you for the work with our agency. \_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

List the last 10 years' work experience beginning with the most recent. Please do not submit a resume in lieu of this portion of the application. List employers, assignments or volunteer activities starting with the most recent, including military experiences. Explain any gaps in employment in the comment section.

EMPLOYER	TELEPHONE	Dates employed (Mo. /Yr.)		Summarize the nature of the work performed and job responsibilities
		From	To	
ADDRESS				
JOB TITLE		Hourly Rate / Salary		
		Starting		
IMMEDIATE SUPERVISOR	TELEPHONE	\$	per	
SUPERVISOR'S EMAIL ADDRESS:		Hourly Rate / Salary		
		Final		
REASON FOR LEAVING		\$	per	
MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/> Later Date _____				

EMPLOYER	TELEPHONE	Dates employed (Mo. /Yr.)		Summarize the nature of the work performed and job responsibilities
		From	To	
ADDRESS				
JOB TITLE		Hourly Rate / Salary		
		Starting		
IMMEDIATE SUPERVISOR	TELEPHONE	\$	per	
SUPERVISOR'S EMAIL ADDRESS:		Hourly Rate / Salary		
		Final		
REASON FOR LEAVING		\$	per	
MAY WE CONTACT FOR REFERENCES? Yes <input type="checkbox"/> No <input type="checkbox"/> Later Date _____				

EMPLOYER	TELEPHONE	Dates employed (Mo. /Yr.)		Summarize the nature of the work performed and job responsibilities
		From	To	
ADDRESS				
JOB TITLE		Hourly Rate / Salary		
		Starting		
IMMEDIATE SUPERVISOR	TELEPHONE	\$	per	
SUPERVISOR'S EMAIL ADDRESS:		Hourly Rate / Salary		
		Final		
REASON FOR LEAVING		\$	per	
MAY WE CONTACT FOR REFERENCES? Yes <input type="checkbox"/> No <input type="checkbox"/> Later Date _____				

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		Final		
REASON FOR LEAVING		\$	per	
MAY WE CONTACT FOR REFERENCES? Yes <input type="checkbox"/> No <input type="checkbox"/> Later Date _____				

EMPLOYER	TELEPHONE	Dates employed (Mo. /Yr.)		Summarize the nature of the work performed and job responsibilities
		From	To	
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JOB TITLE		Hourly Rate / Salary		
		Starting		
IMMEDIATE SUPERVISOR	TELEPHONE	\$	per	
SUPERVISOR'S EMAIL ADDRESS:		Hourly Rate / Salary		
		Final		
REASON FOR LEAVING		\$	per	
MAY WE CONTACT FOR REFERENCES? Yes <input type="checkbox"/> No <input type="checkbox"/> Later Date _____				

**For additional employers – attach a separate piece of paper to the application.**

Comments (including explanation of gaps in employment):

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Is there another name you have used for employment that would assist us in checking references?

YES  NO

If yes, please list \_\_\_\_\_

**REFERENCES**

Please be advised that supervisors listed above may be contacted. Please provide the contact information for three (3) additional business/work references who are NOT related to you and NOT previous supervisors. If not applicable, use school or personal references who are NOT related to you. All references should have knowledge of your qualifications. Please complete as fully and accurately as possible.

Name	Daytime Telephone Number	Relationship	Years known
1.			
2.			
3.			

**INSIGHT, INC.**

13505 Hillendale Drive  
Woodbridge, VA 22193  
(703) 670-4800 HR Fax # (703) 897-7235

I authorize INSIGHT, Inc. to communicate with all my former employers, school officials and persons named as references. I authorize all former employers and references to provide any information they may have regarding my performance and character. I hereby release all employers; schools and individuals from any liability for any damage whatsoever resulting from giving such information

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**We are an Equal Opportunity Employer and consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.**

## **APPLICANT'S STATEMENT**

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision which includes obtaining references from current and former employers.

I understand that if I am hired for a position, I will be required to have my fingerprints taken. I will also be asked to provide certain other information so that a comprehensive criminal background record check may be conducted. In the event that my record contains any element that INSIGHT, Inc. finds objectionable or if any information is not consistent with what I report in my employment application, I understand I may be discharged immediately.

I understand that neither this document nor any offer of employment from the employer constitutes a contractual obligation upon the employer to continue to employ me in the future.

I understand that any false information contained in this application may result in my discharge.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week and meet certain training requirements.

I understand that INSIGHT, Inc. is an "At-Will" employer and if hired, my employment can be terminated with or without notice at any time, for any reason. I also understand that no management official is authorized to make any assurance or promise of continued employment, and that any such pledge or agreement related to continued employment must be in writing and signed by the Executive Director.

My signature indicates that I have read and understand the above statement.

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Signature of Applicant

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Date

**INSIGHT, Inc.**  
**NOTIFICATION OF EMPLOYMENT REQUIREMENTS**

To be considered for employment applicants will be required to submit the following document with application: Applicant must have been driving for (3) three years or more, learner's permit not included for driving experience.

- A Department of Motor Vehicles (DMV) driving record within the United States (acceptable to agency insurance standards) and no older than 60 days.

Applicants will be required at the time of hire to submit the following documents:

- Valid Employment Eligibility Verification
- Valid Virginia Driver's License
- A driving record report from the state of Virginia

Upon acceptance of a residential position, applicants will have the following:

- Tuberculosis screening/testing within (5) five days of hire
- Criminal Background Check & Child Protective Services Background Check  
Must be found eligible for employment per the Department of Behavioral Health and Developmental Services Background Investigations Unit

In addition, within one month of hire, each applicant must complete all agency trainings including, but not limited to the following:

- Agency Orientation
- OSHA (Infection Control) Training
- Introduction to Intellectual Disabilities
- Human Rights
- CPR/AED, First Aid
- Documentation Training
- TOVA (Therapeutic Options of Virginia)
- Virginia State Medication Training
- Medical Interventions
- Van Training
- Skills Training
- Food Handling

A passing grade in the above-mentioned trainings must be acquired within the first 30 days of hire. Un-insurability (financial/motor vehicle/personal) or unreasonable health examination findings may limit an applicant's consideration for a residential position or be grounds for immediate dismissal from employment with INSIGHT, Inc.

I have had the conditions for employment explained to me and have had any questions answered to my satisfaction and understanding.

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Signature of Application

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Date

## Hours of Availability

Please write below what days and hours you are available to work as well as what days and hours you are not able to work. You are required to sign this form stating the hours you are available. We offer numerous shifts throughout the day and weekend. If you are interested in working full time you will be required to work at least one weekend shift.

(PLEASE MARK ALL THAT APPLY)

Full Time                                       Part Time                                       Weekends

Overnights                                       Mornings                                       Evenings

Substitute/On Call  List hours/days available: \_\_\_\_\_

\_\_\_\_\_

DATE AVAILABLE TO START: \_\_\_\_\_

By signing below you are agreeing to the hours stated above.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

Date