

Mini State Employment Application

Signature: _____

Personal Information

Date: _____

Personal Information

Last Name *	
First Name *	
Middle Name	
Preferred Pronoun	
Street Address	
Apartment/Unit #	
City	
State	
Zip Code	
Phone *	
Email Address *	
Date Available	
Do you currently work for Virginia State Government? *	
If so, what was the most recent agency? *	
Blue/Yellow Card?	
Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? *	
How did you hear about this employment opportunity? *	
If you selected 'Other' above, please specify	

Confidential EEO Information

The information requested below is used to assist us in our compliance with Federal/State equal employment opportunity record keeping and reporting. Your response is voluntary and will not be used in any way to determine your eligibility for employment.

Indicate the appropriate gender	
Indicate the racial or ethnic group with which you identify	
Indicate the highest level of education you have completed	
Please indicate your date of birth	

Veteran Status

Veteran Status

VQ1: For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who has received an honorable discharge and has 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? *	
VQ2: For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who has received an honorable discharge and has a service connected disability rating fixed by the United States Department of Veteran Affairs? *	
VQ3: If you answered yes to either question VQ1 or question VQ2, did you serve during the Vietnam Conflict 22861-3775?	
VQ4: For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you the surviving spouse, or child, of a veteran who was killed in the line of duty? *	
VQ5: For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a member of the National Guard who (i) is presently serving as a member of the Virginia National Guard and (ii) has satisfactorily completed required initial active-duty service? *	

Supplemental Questions

Required fields are indicated with an asterisk (*).

Educational History

Education

Highest Level Completed *	
Major *	

License/Certification

License/Certification	
Certifying Body	
License Number	
Expiration Date	

Relevant Work History

Work Experience

Company *	
Address *	
City *	
State *	
Supervisor Title *	
Supervisor Name *	
Supervisor Phone *	
Job Title *	
Responsibilities	
From:	
To:	
Reason for Leaving	

Documents

Required Documents

None

Optional Documents

None

Certification

This Application has not yet been certified and submitted.