



6610 Commons Dr. Suite 203, Prince George VA, 23875 • Phone (804) 733-0777, Fax (804) 733-8834 • www.guidinglightsllc.com

APPLICATION FOR EMPLOYMENT			Date of Application			
(SSN is for Record Keeping and Data Processing Only)						
Social Security Number	Last Name	First Name	Middle Name			
Address (Street number and name)		City	County			
State	Zip Code	Phone (Home or where you can be reached)	Business Phone			
Are you related by blood or marriage to any person now working for the GL, LLC. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the agency where employed.						
Military Service						
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a member of the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO Branch: _____ Rank: _____						
GL completes a criminal background that includes both State and Federal checks to ensure the safety of our clients we serve. Have you ever been convicted of any crimes (misdemeanors or felonies)? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) <input type="checkbox"/> YES <input type="checkbox"/> NO ...if yes please explain:						
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____						
Jobs Applied For						
Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.						
1. _____ 2. _____ 3. _____						
Referral Source						
Please indicate your referral source: _____						
If you were referred by the Virginia Employment Commission (Job Service) please indicate which local office: _____						
Education						
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4						
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.						
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school,			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Special training programs and seminars you have completed in the last five years (list):						
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:						
Current professional status: (List fields of work for which you have been registered)						
Registration: _____ State: _____ No. _____						
Registration: _____ State: _____ No. _____						

