



### Relevant Work Experience

May we contact your present supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer Name/Address:	Job Title:	Type of Business:	Phone:	Dates Employed:
				Begin:
				End:
Immediate Supervisor Name:	Supervisor Title:	Number and Titles of Employees You Supervised (if applicable):		
Was This Position Full-Time or Part-Time?	If Part-Time, Please Indicate Number of Hours Worked Per Week:		Your Name, if Different from Present:	
Equipment & Software Used:				
Duties:				

Employer Name/Address:	Job Title:	Type of Business:	Phone:	Dates Employed:
				Begin:

### Additional Information

Please enter any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

Check which shift you will accept:

Day  
Rotating

Evening  
Weekends

Night

Check which job status you would accept:

Full-time

Part-time (specify)

Check which employment status you would accept:

## Certification Statement

I hereby certify that all information contained in my application materials (e.g. this form, my resume, curriculum vitae, etc.) are true and complete to the best of my knowledge and belief and I agree and understand that any misrepresentation, omission or falsification of information herein, regardless of time of discovery, constitutes grounds for immediate dismissal from any subsequent employment with the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. In consideration of my employment by Old Dominion University, I agree to conform to and abide by all of its rules, policies and regulations. I hereby authorize my past and present employers, schools, institutions, and all individuals, partnerships, associations or corporations and any other references to provide any relevant information. I hereby release them and their organizations from all liability, claims and causes of action for issuing the same. I understand if applicable I must be registered with Selective Service. By signing this application, I agree to these conditions. Certification Acceptance Text: I certify that I have read and agree with these statements.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Name

Applicant's Signature

Date

Additional