



## EMPLOYMENT APPLICATION

NW3C is an equal opportunity employer committed to diversity and inclusion in the workplace. All qualified applicants will receive consideration for employment without regard to sex, race, color, age, national origin, religion, marital status, sexual orientation, gender identity, protected veteran status, citizenship, physical or mental disability or other protected status. NW3C promotes a drug-free workplace.

In order to be considered for an employment opportunity with NW3C, this employment application must be completed in its entirety.

If you have visited our website in search of information on employment opportunities or to apply for a position, and you require an accommodation, please contact NW3C Human Resources at (804) 967-6205 or via email at [opportunities@nw3c.org](mailto:opportunities@nw3c.org)

All information you provide will be kept confidential and will be used only to the extent required to provide needed reasonable accommodation.

Applications must be submitted to: [opportunities@nw3c.org](mailto:opportunities@nw3c.org)

# PERSONAL

Last Name		First Name		Middle Initial
Other Name(s) Used			Telephone #	
Address			Alternate #	
City	State	Zip	Email Address	
Position Applying For			Salary Desired	
Please tell us where you learned about this position.				
Internet		Newspaper	NW3C's Website	Other _____
Do you know any current NW3C employees?		If yes, who and your relationship with them.		
Yes                      No				
Have you ever interviewed with NW3C?		If yes, list date(s), job title(s), and location(s)		
Yes                      No				

# EDUCATION

Choose highest grade completed:	High School	9	10	11	12
	College, Trade, or Business	1	2	3	4
	Graduate Studies	_____			
Schools Attended	Name & Address	Major Studies	Degree, Diploma, License or Certificate		
High School					
College / University					
Vocational, Business or Other					
Computer Skills (Hardware and Software)					

Please use this space to elaborate on any background, experience, or qualifications which you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your sex, race, color, age, national origin, religion, marital status, sexual orientation, gender identity, protected veteran status, physical or mental disability or other protected status.

Name:

Position Applied For:

List licenses, technical or professional certifications, or other authorizations to practice a trade or profession.

Type	License Number	Expiration Date	Granted By

List names, addresses, phone numbers and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship

## OTHER

For purposes of compliance with the Immigration Reform and Control Act of 1986, are you legally eligible for employment in the United States?      Yes      No

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

Have you ever been in the Armed Forces?      Yes      No      If yes, please provide the following information

Date Entered:	Date Discharged:	Honorable Discharge? Yes      No
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Name:

Position Applied For:

## EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From	Employer Name:	Supervisor Name:
Employed Until	Employer Address:	Supervisor Phone #
Job Title:		Reason for Leaving:
Duties and Responsibilities:		

Employed From	Employer Name:	Supervisor Name:
Employed Until	Employer Address:	Supervisor Phone #
Job Title:		Reason for Leaving:
Duties and Responsibilities:		

Name:

Position Applied For:

## EMPLOYMENT HISTORY *continued*

If this history page is not needed, please check N/A. This page **must** be returned to complete your application.  
N/A

Employed From	Employer Name:	Supervisor Name:
Employed Until	Employer Address:	Supervisor Phone #
Job Title:		Reason for Leaving:
Duties and Responsibilities:		

Employed From	Employer Name:	Supervisor Name:
Employed Until	Employer Address:	Supervisor Phone #
Job Title:		Reason for Leaving:
Duties and Responsibilities:		

Name:

Position Applied For:

## GENERAL

Yes      No

May we contact your current employer for references?

Are you willing to accept employment that requires travel?

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

Are you able to start work as soon as you give two (2) weeks notice? If no, when will you be able to start work?

## CERTIFICATION & AUTHORIZATION

I certify that the above information is true and correct. I understand that false or incorrect information in this application is grounds for disqualification of further consideration or for dismissal from employment, regardless of the time elapsed after discovery.

I authorize the NW3C to inquire of my educational, professional, and past employment references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the NW3C and will hold the NW3C and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the NW3C to obtain any credit and consumer check. I understand that upon an offer of employment, I will be required to successfully pass a drug test.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the NW3C is intended to create an employment contract between myself and the NW3C under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment is for an indefinite term, will be terminable at will, and may be terminated by me or the NW3C at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I understand that I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for completing this Employment Application and for your interest in the NW3C.*

# NW3C AUTHORIZATION FOR DRUG TESTING

STATEMENT OF VOLUNTARY SUBMISSION FOR BLOOD AND URINE ANALYSIS TEST AND RELEASE OF FINDING AND INFORMATION TO THE NATIONAL WHITE COLLAR CRIME CENTER (NW3C).

I, \_\_\_\_\_, voluntarily agree to submit, as part of the employment process and at any time during my employment with the NW3C, to a blood and urine analysis by a doctor, medical center, hospital or other medically qualified personnel or agency.

Furthermore, I authorize the release of the results of those tests and any subsequent examination to the NW3C or any of its designated representatives.

By this authorization, I do hereby release any doctor, medical center, clinic or other facility related to such testing, as well as NW3C and any of its designated representatives from any and all liabilities arising from the release to or use by NW3C of the information derived from or contained in my test results.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# NW3C CONFIDENTIAL DATA SHEET

NW3C is an equal opportunity employer. Pursuant to federal law and regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of sex, race, color, age, national origin, religion, marital status, sexual orientation, gender identity, protected veteran status, citizenship, physical or mental disability or other protected status.

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Check the box below for the racial or ethnic group with which you identify:

Black or African American: a person having origins in any of the black racial groups of Africa.

Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

Check the appropriate box below:

Female

Male

Other

Please indicate your date of birth: \_\_\_\_\_

Position applied for: \_\_\_\_\_