

Employment Application VCU America Reads

Completed applications **along with a work-study award letter** should be returned to:
VCU America Reads / callearjr@vcu.edu / Fax: (804) 827-1920 / 1103 W. Marshall Street / P.O.
Box 843034 / Richmond, VA 23284-3034
Questions should be directed to Jenny Callear 804-827-1907

Name: _____
Last First Middle

Email Address: _____

Cell Phone: _____ Permanent Telephone: _____

Local Address: _____ City/State/Zip: _____

Permanent Address: _____ City/State/Zip: _____

Are you eligible to work in the United States? _____ Do you receive work-study? _____

Amount of your work-study award: \$ _____ per SEMESTER / YEAR (circle one).

PLEASE NOTE: If you know your schedule for next year, list the **hours you are available to work** for each of the days listed below (please keep in mind driving time):

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

If you are a student, how many semester hours will you be taking during the Fall? _____
During the Spring? _____

Do you have a car? _____

Please indicate the areas in which you have had significant training or experience, including volunteer/community service experience (check all that apply):

Arts
Child Care/Development
Community Outreach
Computers
Counseling
Mentoring

Health/Health Education
Mediation/Conflict
Resolution
Public Speaking
Recreation
Research

Social Services
Teaching/Tutoring
Youth Work/Coaching
Parenting Skills Training
Other (List)

Please describe any additional information that would help us evaluate your application including training, your special skills, achievements, familiarity or extracurricular activities:

List and describe your organizational membership and community service experiences. Include social, school, professional, and neighborhood programs. Include any experiences working with children, youth, and/or families.

Name of Group	Dates of Participation	Description of Activities/Position

Please include any self-employment, home management, volunteer, military service, full or part-time, salaried employment. Start with your current or most recent experience.

1. Employer: _____ Dates Employed: _____
 Name of Supervisor: _____ Telephone: (____) _____
 Address: _____
 Your duties and responsibilities: _____

2. Employer: _____ Dates Employed: _____
 Name of Supervisor: _____ Telephone: (____) _____
 Address: _____
 Your duties and responsibilities: _____

3. Employer: _____ Dates Employed: _____

Name of Supervisor: _____ Telephone:(____) _____
Address: _____
Your duties and responsibilities: _____

4. Employer: _____ Dates Employed: _____
Name of Supervisor: _____ Telephone:(____) _____
Address: _____
Your duties and responsibilities: _____

5. Employer: _____ Dates Employed: _____
Name of Supervisor: _____ Telephone:(____) _____
Address: _____
Your duties and responsibilities: _____

List three individuals not related to you that we may contact as references. We encourage you to list people who know you well such as teachers, employers, guidance counselors, or community members.

Name: _____
Address: _____
City, State, Zip: _____
Telephone: (____) _____ Work: (____) _____
E-mail Address (required) _____
Relation to you: _____
Best time to contact: _____

Name: _____
Address: _____
City, State, Zip: _____
Telephone: (____) _____ Work: (____) _____
E-mail Address (required) _____
Relation to you: _____
Best time to contact: _____

Name: _____
Address: _____
City, State, Zip: _____
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E-mail Address (required) _____
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