



RICHMOND REGIONAL PLANNING DISTRICT COMMISSION

An Equal Opportunity Employer

Application for Employment

9211 Forest Hill Avenue, Suite 200
Richmond, VA 23235
804-323-2033 (v)
804-323-2025 (f)
www.richmondregional.org
Rev. 11/17

Applicants for employment shall be afforded equal employment opportunity on the basis of fitness and job-related qualifications without regard to race, color, religion, national origin, political affiliation, disability, sex, marital status, or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the RRPDC.

Please print in ink or use your computer to download this form and fill in the blanks.

1. POSITION _____

3. LEGAL NAME _____

Last

First

Middle

4. DAYTIME PHONE () _____

5. ADDRESS _____

City

State

Zip

6. E-MAIL _____

7. EDUCATION

a. Do you have a high school diploma or equivalency diploma? Yes No

b. Check type of college degree(s) Associates Bachelors Masters Doctoral

Name and Location of Institution

Degree Received

Major or Specialty

Dates Attended (yr/yr)

Name and Location of Institution	Degree Received	Major or Specialty	Dates Attended (yr/yr)

c. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

8. EXPERIENCE

Start with your most recent job. Separately list significantly different jobs with the same employer. Use supplementary experience form(s) as needed.

a. Job Title

Duties:

Employer

City/State

Phone

Salary (start) (finish)

Dates (mo/yr) to (mo/yr)

Full-time Part-time

b. Job Title

Duties:

Employer

City/State

Phone

Salary (start) (finish)

Dates (mo/yr) to (mo/yr)

Full-time Part-time

Name: _____

Position: _____

Date: _____

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<p>c. Job Title</p> <p>Employer</p> <p>City/State</p> <p>Phone</p> <p>Salary (start) (finish)</p> <p>Dates (mo/yr) to (mo/yr)</p> <p>Full-time Part-time</p>	<p>Duties:</p>
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9. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications. The RRPDC reserves the right to contact references.

Name	Address	Phone	Relationship

10. ATTACHMENTS – Check all that apply

- Cover Letter
 Resume
 Writing Sample
 Supplementary Experience Form

11. CERTIFICATION--Each application requires current date and original signature

I hereby certify that all information provide on this application and attachments thereto are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Richmond Regional Planning District Commission. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the RRPDC to rely upon and use, as it sees fit, any information received from such contacts in assessing my application for employment with the RRPDC.

Date _____ **Applicant Signature** _____

Name:

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PLANNING DISTRICT COMMISSION**

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Supplementary Experience Form

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Position:

Date:

Job Title		Duties:
Employer		
City/State		
Phone		
Salary (start)	(finish)	
Dates (mo/yr)	to (mo/yr)	
Full-time	Part-time	

b.

Job Title		Duties:
Employer		
City/State		
Phone		
Salary (start)	(finish)	
Dates (mo/yr)	to (mo/yr)	
Full-time	Part-time	

b.

Job Title		Duties:
Employer		
City/State		
Phone		
Salary (start)	(finish)	
Dates (mo/yr)	to (mo/yr)	
Full-time	Part-time	