

**Culinary Institute of Virginia
Hospitality Support Services
Employment Application**

Last Name First Name Initial

Address

City State Zip Code

Phone Number Email

Degree Program Program Start Date

GPA Attendance Percentage

Please provide your hours of availability. Expected Externship Start Date

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
To:							
From:							

Do you have reliable transportation for travel to and from work sites ? Yes No

Are you interested only in work opportunities where transportation will be provided? Yes No

If the position requires driving, do you have a valid driver's license? Yes No

In which cities are you available to work?

- Norfolk Chesapeake Virginia Beach Hampton
 Newport News Suffolk Portsmouth Williamsburg

In your own words, briefly describe your interest in joining the Hospitality Support Services Program:

Employment History: Please provide examples of related work experience.

May we contact this employer? Yes No

Job Title Start Date End Date

Employer

Address

City State Zip Code

Supervisor's Name Supervisor's Phone

Describe Major Duties:

May we contact this employer? Yes No

Job Title Start Date End Date

Employer

Address

City State Zip Code

Supervisor's Name Supervisor's Phone

Describe Major Duties:

Professional References

Name		Name	
Current Company		Current Company	
Relationship		Relationship	
Phone		Phone	
E-mail		E-mail	

I understand that the organization will rely, in part, on the information I provide in this Application for Employment in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify that I have done so. If the organization discovers at any time that I failed to completely and honestly provide any information requested of me in the Application of Employment or during the interview process, I understand that my application will no longer be considered or, if I am working for the organization, that I will be subject to discipline, up to and including termination of employment.

Signature **Date**

By checking this box, I understand I am applying my electronic signature.