



# SPECTRA

## EMPLOYMENT APPLICATION

### INSTRUCTIONS:

Save a completed copy of this application to your computer and then submit by:

- 1) Email the completed application as an attachment to [nmayo@greaterrichmondcc.com](mailto:nmayo@greaterrichmondcc.com)
- 2) Print and fax the completed application to 804-225-0508 (fax)
- 3) Print and mail the completed application to:  
GRCC Human Resources  
403 N. 3rd Street  
Richmond, VA 23219

**SPECTRAEXPERIENCES.COM**

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**LAST NAME**

**FIRST NAME**

**MIDDLE INITIAL**

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**POSITION APPLIED FOR**

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**PART-TIME OR FULL-TIME**

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**DATE COMPLETED**

**SPECTRA IS AN EQUAL OPPORTUNITY EMPLOYER**



IT IS THE POLICY OF SPECTRA TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES TO ALL INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, AGE, NATIONAL ORIGIN OR ANCESTRY, CITIZENSHIP, DISABILITY, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS, OR ANY OTHER BASIS PROTECTED BY FEDERAL, STATE OR LOCAL LAWS. ALSO, TO THE EXTENT REQUIRED BY LAW, EQUAL EMPLOYMENT OPPORTUNITIES WILL BE PROVIDED TO ALL INDIVIDUALS REGARDLESS OF ANY PERCEPTION THAT THE INDIVIDUAL HAS A PROTECTED CHARACTERISTIC, OR ASSOCIATES WITH A PERSON WHO HAS OR IS PERCEIVED AS HAVING ANY PROTECTED CHARACTERISTICS.

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(Last Name) (First Name) (Middle Name)

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(Address) (City) (State) (Zip Code)

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(Telephone Number) (Email Address)

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Is there any other name under which you have employment or education records?  Yes  No

If yes, indicate name records are listed under: \_\_\_\_\_

Can you, within three (3) days after employment, submit documentation verifying that you are legally eligible to work in the United States?  Yes  No

How did you learn about us? \_\_\_\_\_

Are you related to any employee of the company?  Yes  No

If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever worked for Spectra or any of our partner companies before?  Yes  No

Date(s): \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

*Applicants under the age of 18 will not be considered for full-time employment.*

**EDUCATION:** (May or may not be considered depending on job applied for.)

Describe any educational degrees, skills, training or experience you believe are relevant:

Do you possess a High School diploma or GED certificate:  Yes  No

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College/University	Degree	Course of Study	Number of years completed
Graduate School	Degree	Course of Study	Number of years completed



# SPECTRA

**DAYS AVAILABLE:** (Check appropriate box)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Are there any days, shifts or hours you will not work?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list your minimum salary requirements: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please complete for full time/part-time employment.

Company Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

Company Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

Company Name: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

**REFERENCES:** Please list three (3) employment references. Please list at least one (1) supervisor.

(    )

Name Organization/Company Name

Telephone

(    )

Name Organization/Company Name

Telephone

(    )

Name Organization/Company Name

Telephone



**APPLICANT'S ACKNOWLEDGMENT** *(Please read carefully and sign.)*

I CERTIFY THAT THE INFORMATION I HAVE GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION, OMISSIONS OF FACTS OR INCOMPLETE ANSWERS IN ANY APPLICATION DOCUMENT WILL DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT. I FURTHER UNDERSTAND THAT, IF EMPLOYED, ANY MISREPRESENTATIONS OR OMISSIONS OF FACTS IN ANY APPLICATION DOCUMENT WILL BE CAUSE FOR MY IMMEDIATE DISMISSAL.

I UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT WITH THE EMPLOYER IS NOT FOR A SPECIFIC TERM AND MAY BE TERMINATED BY ME OR THE EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME, UNLESS I AM OTHERWISE COVERED BY A COLLECTIVE BARGAINING AGREEMENT. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOMER BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE EMPLOYER'S PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER, OTHER THAN A COLLECTIVE BARGAINING AGREEMENT TO WHICH I AM SUBJECT.

I AUTHORIZE INVESTIGATION OF ALL MATTERS OUTLINED IN THIS APPLICATION. I HEREBY GIVE THE COMPANY AND/OR ITS DESIGNATED SUBSCRIBER PERMISSION TO CONTACT PREVIOUS EMPLOYERS, DOCTORS, MEDICAL PROVIDERS, REFERENCES, AND TO CONDUCT INVESTIGATIVE BACKGROUND INQUIRES ON ME INCLUDING CONSUMER CREDIT, CRIMINAL CONVICTIONS, MOTOR VEHICLE AND OTHER REPORTS FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES THAT MAINTAIN RECORDS RELATED TO THE ABOVE MENTIONED ITEMS, AS WELL AS, CLAIMS RECORDS ON FILE AT INSURANCE COMPANIES. I HEREBY RELEASE THE COMPANY AND ANY PERSON GIVING OR RECEIVING ANY SUCH INFORMATION FOR ANY PURPOSE RELATED TO MY EMPLOYMENT FROM ANY LIABILITY AS A RESULT OF SUCH CONTACTS. INFORMATION REGARDING CREDIT HISTORY AND DRIVING HISTORY WILL NOT BE INQUIRED INTO UNLESS IT IS NECESSARY AND DIRECTLY RELATED TO THE JOB APPLIED FOR IN THIS APPLICATION.

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*Applicant's Signature*

*Date*

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# This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

## NOTICE:

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA



# Este Empleador Participa en E-Verify



# E-Verify™



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

**IMPORTANTE:** En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y. o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedido.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

## **A V I S O:**

**La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.**

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa,

o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

**Employment Verification.**  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

**1-888-464-4218**



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