

# STRATFORD HALL HISTORIC PRESERVE

483 Great House Road  
Stratford, VA 22558  
(804) 493-8038



*Stratford Hall*  
HISTORIC PRESERVE

## Employment Application

| APPLICANT INFORMATION                     |                                                          |                                                |                                                          |
|-------------------------------------------|----------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|
| Last Name                                 | First                                                    | M.I.                                           | Date                                                     |
| Street Address                            |                                                          | Apartment/Unit #                               |                                                          |
| City                                      | State                                                    | ZIP                                            |                                                          |
| Phone                                     | E-mail Address                                           |                                                |                                                          |
| Date Available                            |                                                          | Desired Salary                                 |                                                          |
| Position Applied for                      |                                                          | Birth date                                     |                                                          |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for Stratford Hall?  | YES <input type="checkbox"/> NO <input type="checkbox"/> | If so, when?                                   |                                                          |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain                                |                                                          |
|                                           |                                                          |                                                |                                                          |
|                                           |                                                          |                                                |                                                          |

| EDUCATION                                         |    |                                                                            |                |
|---------------------------------------------------|----|----------------------------------------------------------------------------|----------------|
| High School                                       |    | Address                                                                    |                |
| From                                              | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree         |
| College                                           |    | Address                                                                    |                |
| From                                              | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree         |
| Other                                             |    | Address                                                                    |                |
| From                                              | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree or Cert |
| REFERENCES                                        |    |                                                                            |                |
| <i>Please list three professional references.</i> |    |                                                                            |                |
| Full Name                                         |    | Relationship                                                               |                |
| Company                                           |    | Phone                                                                      |                |
| Address                                           |    |                                                                            |                |
| Full Name                                         |    | Relationship                                                               |                |
| Company                                           |    | Phone                                                                      |                |
| Address                                           |    |                                                                            |                |
| Full Name                                         |    | Relationship                                                               |                |
| Company                                           |    | Phone                                                                      |                |
| Address                                           |    |                                                                            |                |

| PREVIOUS EMPLOYMENT                                                                                                    |    |                    |  |
|------------------------------------------------------------------------------------------------------------------------|----|--------------------|--|
| Company                                                                                                                |    | Phone              |  |
| Address                                                                                                                |    | Supervisor         |  |
| Job Title                                                                                                              |    |                    |  |
| Responsibilities                                                                                                       |    |                    |  |
| From                                                                                                                   | To | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |    |                    |  |
| Company                                                                                                                |    | Phone              |  |
| Address                                                                                                                |    | Supervisor         |  |
| Job Title                                                                                                              |    |                    |  |
| Responsibilities                                                                                                       |    |                    |  |
| From                                                                                                                   | To | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |    |                    |  |
| Company                                                                                                                |    | Phone              |  |
| Address                                                                                                                |    | Supervisor         |  |
| Job Title                                                                                                              |    |                    |  |
| Responsibilities                                                                                                       |    |                    |  |
| From                                                                                                                   | To | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |    |                    |  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From      To      |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| DISCLAIMER AND SIGNATURE                                                                                                                            |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------|
| I certify that my answers are true and complete to the best of my knowledge.                                                                        |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature                                                                                                                                           | Date |