



EMPLOYMENT APPLICATION

Valkyrie Enterprises, LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Please complete and return signed application to:

Valkyrie Enterprises, LLC
 4460 Corporation Lane, Suite 200-A
 Virginia Beach, VA 23462

Or attach to an e-mail to Joanne Brooks, Vice President, Human Resources @
joanne.brooks@ValkyrieEnterprises.com

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Social Security Number (If available)	
Cell Phone Number		E-mail address	
How did you hear about us?			
<input type="checkbox"/> Newspaper Ad		<input type="checkbox"/> Employment Agency	
<input type="checkbox"/> Current Employee _____		<input type="checkbox"/> Other _____	

Are you legally eligible to work in the United States? YES
 NO

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES
 NO

(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES
 NO

Have you ever applied to Valkyrie before? YES
(If yes, please give date.) _____ NO

Have you ever worked for Valkyrie before? YES
(If yes, please give date.) _____ NO

Have you ever been convicted of a felony? *(A conviction will not necessarily disqualify you.)* YES
 NO

If yes, please explain: _____

Do you have a valid driver's license? *For driving positions only.* YES
 NO



Have you been convicted of any moving violations in the past five years? YES []
NO []

If yes, please explain: _____

Is anyone related to you employed by Valkyrie? YES []
NO []

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES []
NO []

If yes, please explain. _____

On what date would you be available to begin work? _____

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. *(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)*

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES [] NO []
Please give dates and explanation:



EMPLOYMENT HISTORY *(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Valkyrie.)*

Company Name	Company Address	Company Phone
Supervisor's Name	Supervisor's Title	Supervisor's Phone
		Office: Cell:
Supervisor's E-mail	Employment Dates	Employment Status
	To: From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Current Job Title	Salary	Other Compensation
	Starting: \$ Ending: \$	
Describe your duties		Reason for leaving and explanation

Company Name	Company Address	Company Phone
Supervisor's Name	Supervisor's Title	Supervisor's Phone
		Office: Cell:
Supervisor's E-mail	Employment Dates	Employment Status
	To: From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Current Job Title	Salary	Other Compensation
	Starting: \$ Ending: \$	
Describe your duties		Reason for leaving and explanation



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Supervisor's Name	Supervisor's Title	Supervisor's Phone
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	To: From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
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	Starting: \$ Ending: \$	
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Supervisor's Name	Supervisor's Title	Supervisor's Phone
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Supervisor's E-mail	Employment Dates	Employment Status
	To: From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Current Job Title	Salary	Other Compensation
	Starting: \$ Ending: \$	
Describe your duties		Reason for leaving and explanation



APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Valkyrie Enterprises, LLC (also doing business as Valkyrie) that such employment with Valkyrie is at will, for no specified duration and may be terminated by either Valkyrie or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Valkyrie or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Valkyrie except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Valkyrie.

In consideration for employment with Valkyrie, if employed, I agree to conform to the rules, regulations, policies and procedures of Valkyrie at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Valkyrie business, attendance and punctuality are considered essential requirements of every job at Valkyrie and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Valkyrie, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Valkyrie and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____

Date _____

Name of person completing this form if other than applicant: _____

VALKYRIE ENTERPRISES, LLC IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.



AFFIRMATIVE ACTION FORM

Valkyrie Enterprises, LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Government agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

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Valkyrie Enterprises, LLC

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Virginia Beach, VA 23462

Or attach to an e-mail to Joanne Brooks, Vice President, Human Resources @

joanne.brooks@ValkyrieEnterprises.com

Sex: Male Female

Race/ethnicity:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Veteran: Non-veteran

Please identify where you learned about an employment opportunity with this organization.

Newspaper ad
 Employee referral
 Recruiter
 Other _____

Tech school/college placement
 Temporary service
 State employment service