

APPLICATION FOR EMPLOYMENT

(PRINT REQUESTED INFORMATION IN INK)

Date: _____

V@Á^|^[] @} ^Á ă provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color religion, sex, national origin, age, disability or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws. In addition, V@Á^|^[] @} ^Á ă prohibits discrimination on the basis of creed, sexual orientation, marital status or presence of a physical, mental or sensory disability, in accordance with applicable state and local laws. This policy applies to all terms and conditions of employment, including but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

PERSONAL INFORMATION:

Name: _____
Last First MI

Address: _____ Telephone: _____
Street City State Zip

If hired, can you furnish proof of age? Yes No

If hired, can you furnish proof that you are legally entitled to work in the United States? Yes No

Have you ever been employed by V@Á^|^[] @} ^Á ă ? Yes No

If yes, please indicate dates of employment: _____ Position: _____

Do you have any relatives employed by V@Á^|^[] @} ^Á ă ? Yes No

If yes, please give name and relationship: _____

Can you perform the essential functions of the job, with or without reasonable accommodation? Yes No

AVAILABILITY:

I am applying for the following position: _____ Date available for work: _____

Type of employment desired: Full-Time Part-Time Temporary Desired Wage: _____

If applying for part-time employment, please indicate the hours and days you are available to work: _____

If applying for temporary employment, please indicate the dates you are available to work: _____

MISCELLANEOUS:

Have you been convicted of a felony within the last seven (7) years? Yes No

If yes, please explain (Such a conviction may be relevant if job related, but does not necessarily bar you from employment).

Have you ever done business with V@Á^|^[] @} ^Á ă ? Where? What did you like? Describe your experience.

Why would you like to work for V@Á^|^[] @} ^Á ă ? _____

Describe a specific situation where you have provided excellent customer service in your most recent position. Why was this effective?

EDUCATION:

Schools Attended (include current)	Name	City-State	Years Completed	Did You Graduate?	Diploma/Degree
High School			X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other					
Scholastic Honors, Scholarships, etc.					

Do you have any other experience, training, qualifications or skills which would apply to the position for which you are applying? Please list:

EMPLOYMENT HISTORY:

Please list your employment record, including any periods of unemployment. Begin with your most recent employer. If you were employed under another name, please enter under the Company Name. Attach a resume only to supplement the information below.

This application form must be completely filled out.

Company Name	Company Address	Telephone
Name of Supervisor	Employed (month/year) From: To:	Reason for Leaving
State job title, nature of work performed and job responsibilities:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Company Address	Telephone
Name of Supervisor	Employed (month/year) From: To:	Reason for Leaving
State job title, nature of work performed and job responsibilities:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Company Address	Telephone
Name of Supervisor	Employed (month/year) From: To:	Reason for Leaving
State job title, nature of work performed and job responsibilities:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Company Address	Telephone
Name of Supervisor	Employed (month/year) From: To:	Reason for Leaving
State job title, nature of work performed and job responsibilities:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES:

List business or educational references of three non-relatives who are qualified to evaluate your education or work experience.

Name	City-State	Position	Telephone	Years Acquainted? How do you know this person?

SIGNATURE:

I certify that information contained in this application is true and correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for disqualification from further consideration or for dismissal from employment. I authorize the references listed above to give V@Á^| | Q } ^Á ³ any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to V@Á^| | Q } ^Á ³. In consideration of my employment, I agree to conform to the rules and regulations of V@Á^| | Q } ^Á ³ E

I understand and acknowledge that any employment relationship with V@Á^| | Q } ^Á ³ is of an at-will nature. This means that I may resign at any time with or without notice and V@Á^| | Q } ^Á ³ may terminate my employment at any time with or without cause and with or without notice. I further understand that no supervisor, manager, or representative of V@Á^| | Q } ^Á ³ other than the U, } ^! has the authority to enter into any agreement with any current or prospective employee for employment for any specified period or to make any promises or commitments contrary to the foregoing. Further, any employment agreement entered into by the U, } ^! shall not be enforceable unless it is in writing.

Applicant's Signature _____ **Date** _____

EEO/AFFIRMATIVE ACTION INFORMATION (VOLUNTARY)

V@Á^[\] @) ^Á @ considers applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, marital status, age, handicap or disability, or status as a Vietnam-era or special disabled veteran. In an effort to comply with requirements regarding government record keeping and reporting, and to evaluate our recruitment and hiring practices, we ask that you complete this applicant data survey. This survey is not a part of your official application for employment and will be kept in a separate file. Information from this survey will not be used in any employment decision.

Completion of this form is voluntary and information provided will be kept confidential.

Last Name (please print) First Name MI

Date of Application Location Where Application Made Zip Code of Your Residence

Position Applied For (only one)

PLEASE CHECK THE CATEGORIES WHICH APPLY TO YOU

RACE/ETHNIC ORIGIN	WHAT PROMPTED YOU TO APPLY HERE?
<input type="checkbox"/> WHITE (not Hispanic) <input type="checkbox"/> BLACK (not Hispanic) <input type="checkbox"/> ASIAN or PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> HISPANIC	<input type="checkbox"/> Walk-in <input type="checkbox"/> Current Employee Referral <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Website or Internet Posting <input type="checkbox"/> State Employment Service <input type="checkbox"/> Previous Employee <input type="checkbox"/> Campus Recruiting <input type="checkbox"/> Other Referral
VETERAN STATUS	DISABILITY
<input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Other Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Disabled Individual <input type="checkbox"/> Not Disabled
AGE	GENDER
<input type="checkbox"/> Under 18 years <input type="checkbox"/> 19 – 39 years <input type="checkbox"/> 40 years or over	<input type="checkbox"/> Male <input type="checkbox"/> Female