



Employment Application

An Equal Opportunity and Affirmative Action Employer

Please Print

Today's Date (Month/Day/Year): ____/____/____

Position Applying for: _____

How were you referred to us? _____

Salary Desired: _____

Last Name:

First Name:

Middle Initial:

Current Address

Number & Street:

City:

State:

Zip:

Home phone:

Mobile/Other:

E-mail:

Date Available to Start:

Are you at least 18 years old? (If under 18, employment is subject to verification that you are of minimum legal age.)

Yes No

Have you ever worked for this company? Yes No If yes, when?

Do you have any friends or relatives working for this company? Yes No

What, if any, foreign languages do you read, speak or write fluently?

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes No



Type of employment desired: Full-Time Part-Time Temporary Seasonal

Employment History (starting with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Your Position: _____

Name of Employer: _____ Telephone No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Your Supervisor and Title: _____

Your Duties and Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? Yes No



Dates of Employment: From ___/___/___ To ___/___/___ Your Position: _____			
Name of Employer:		Telephone No.:	
Address:	City:	State:	Zip:
Phone:		Your Supervisor and Title:	
Your Duties and Responsibilities:			
Reason for Leaving:			
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Dates of Employment: From ___/___/___ To ___/___/___ Your Position: _____			
Name of Employer:		Telephone No.:	
Address:	City:	State:	Zip:
Phone:		Your Supervisor and Title:	
Your Duties and Responsibilities:			
Reason for Leaving:			
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Note: Attach additional page(s) if necessary			
I certify that the answers given by me are true and correct to the best of my knowledge and understand that any omission or misstatement of information on this application shall be grounds for rejection of this application or for immediate discharge if I am employed. I authorize you to investigate my references, employment record, education, and other related matters as may be necessary for an employment decision. I hereby release the Company, former employers, schools, and all other individuals from all liability when responding to inquiries connected with my application.			
Date (Month/Day/Year): ___/___/___		Applicant's Signature: _____	



EMERGENCY CONTACT INFORMATION

Name _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

I have voluntarily provided the above contact information and authorize VPC/VPI employees and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information to VPC/VPI Inc at this time.

Employee Signature _____ **Date** _____