

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			
City	State	Zip	
Home Phone	Cell Phone		
E-mail Address			

POSITION APPLIED FOR:

Are you available to work? Full Time Part Time Days Evenings Weekends Overnights

When would you be available to begin work?

Have you ever worked for this company? YES NO If so, when?

Are you currently employed? YES NO If yes, are you considering leaving? YES NO

Why are you leaving current job? Please explain:

Do you have a valid driver's license? YES NO State Issued _____

Do you have proof of auto liability insurance coverage? YES NO Do you have three or less moving violations in the most recent 36-month period? YES NO

Do you have reliable transportation to perform job functions? YES NO

Do you have a chauffeur's license? YES NO Would you be willing to get a chauffeur's license if the job requires it? YES NO

Are you eligible to work in the United States? YES NO Are you a veteran of the U.S. Military Service? YES NO

Are you at least 19 years of age? YES NO

Do you think you can pass a minor nursing physical exam consisting of an eye exam, TB evaluation blood pressure test and mandatory lifting of 10 to 50 pounds 1x each from floor to waist and waist to shoulders? YES NO

Can you perform the essential functions of the position for which you are applying? (If you have any questions as to what functions are applicable to the position for which you are applying for, please ask the interviewer before answering this question.) YES NO

EDUCATION

Do you have high school diploma or equivalent? YES NO

High School City/State

College/Other Education or Training City/State

Did you graduate? YES NO Degree

Any additional skills and qualifications:

REFERENCES*Please list two (2) work references.*

Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

EMPLOYMENT HISTORY (Start with most recent/current employment and work back)

Company	Phone ()	
Address	City/State	Supervisor Name and Title
Job Title		
Responsibilities		
From Month/Year	To Month/Year	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	City/State	Supervisor Name and Title
Job Title		
Responsibilities		
From Month/Year	To Month/Year	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	City/State	Supervisor Name and Title
Job Title		
Responsibilities		
From Month/Year	To Month/Year	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

HOW DID YOU HEAR ABOUT EMPLOYMENT WITH VODEC? (CIRCLE ONE)

Indeed.com	VODEC Website	Vodec Employee (Name) _____	State Workforce Development
Internal Posting	Family/Friend (Name) _____	Other (please list) _____	

DISCLAIMER AND SIGNATURE

VOCATIONAL DEVELOPMENT CENTER, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, VETERAN STATUS, SEXUAL ORIENTATION, DISABILITY OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW.

I understand that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not and is not intended to be a contract for employment.

In the event of employment I understand that false or misleading information given in my application or interview may result in discharge.

I understand also that I am required to abide by all rules and regulations of the organization.

SIGNATURE**DATE**