

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 <input type="checkbox"/>	Part Time <input type="checkbox"/>	Evenings <input type="checkbox"/>	Weekends <input type="checkbox"/>	Days and hours available to work:
When would you be available to begin work?					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, why are you considering leaving? Please explain:		
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State Issued		
Do you have proof of auto liability insurance coverage?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have fewer than three moving violations in the last 36-months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have reliable transportation to bring clients to desired locations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you have a chauffeur's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Would you be willing to get a chauffeur's license if the job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a veteran of the U.S. Military Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you at least 19 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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 <input type="checkbox"/>	NO <input type="checkbox"/>			
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 <input type="checkbox"/>	NO <input type="checkbox"/>			

EDUCATION

Do you have high school diploma or equivalent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
High School	City/State	
College/Other Education or Training	City/State	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree		
Any additional certifications, 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		Starting Salary \$	Ending Salary \$
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		Starting Salary \$	Ending Salary \$
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		Starting Salary \$	Ending Salary \$
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? (CHECK ONE)

Indeed.com
 Ziprecruiters
 VODEC Website
 Facebook
 LinkedIn
 Instagram
 Internal Posting

Vodec Employee Name: _____
 Family/Friend Name: _____

Other
 Include specific other site: _____

DISCLAIMER AND SIGNATURE

Vodec is an equal opportunity employer. There is equal opportunity for services and for employment, retention and advancement without regard to race, national origin, color, religion, sex, sexual orientation, gender identity, age, disability and veteran status or any other classification protected by state or federal 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** _____