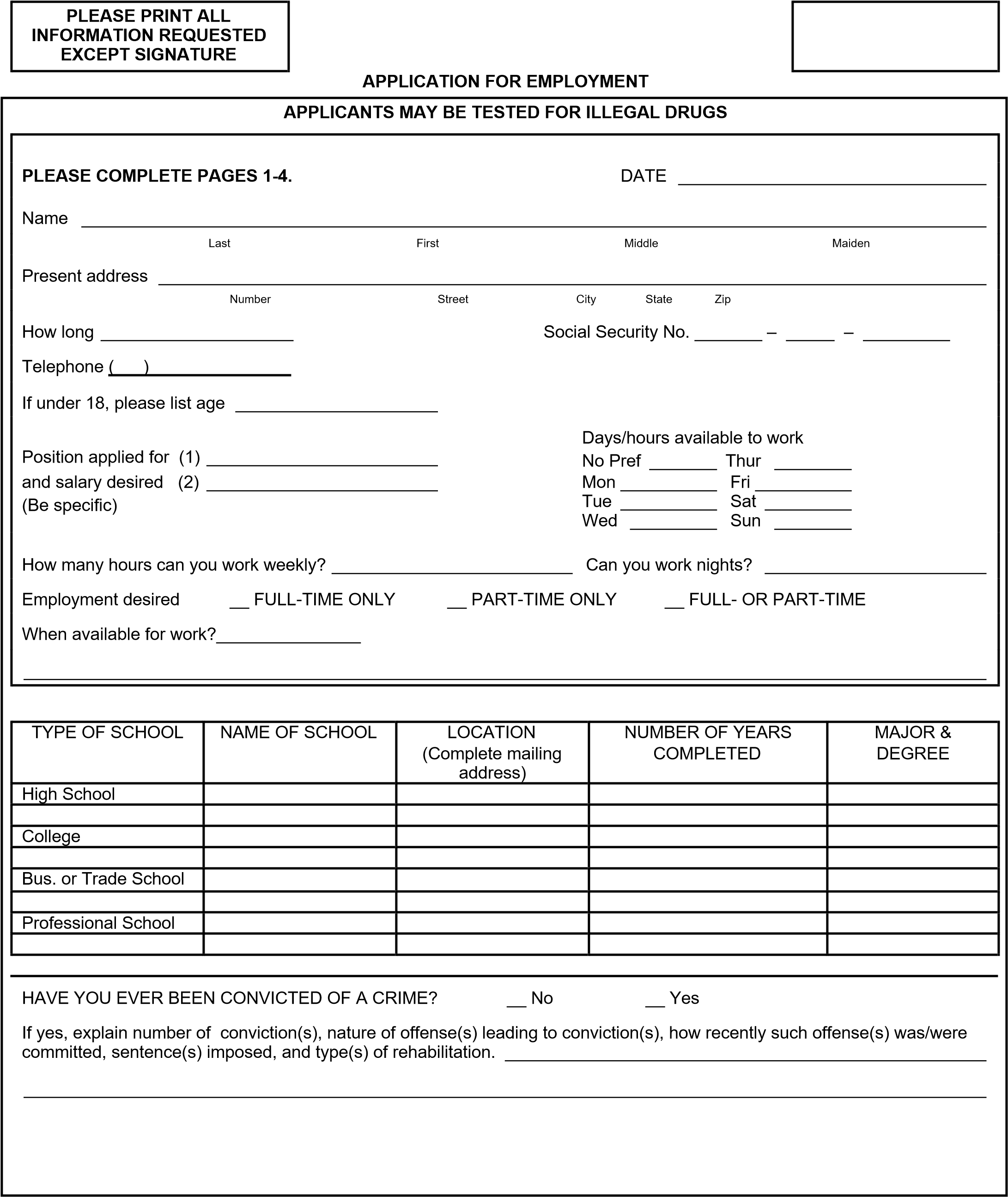
**VTG Employment Application Form**



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**APPLICATION FOR EMPLOYMENT**

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| DO YOU HAVE A DRIVER’S LICENSE? \_\_ Yes \_\_ No  What is your means of transportation to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Driver’s license  number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of issue \_\_\_\_\_\_\_ \_\_ Operator \_\_ Commercial (CDL) \_\_ Chauffeur Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you had any accidents during the past three years? How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you had any moving violations during the past three years? How Many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_ Yes  Typing \_\_ No \_\_\_\_\_ WPM  Personal \_\_ Yes \_\_ PC  Computer \_\_ No \_\_ Mac | **OFFICE ONLY** | | Word \_\_ Yes  Processing \_\_ No \_\_\_\_\_ WPM  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_ Yes  10-key \_\_ No  Other  Skills | |
| Please list two references other than relatives or previous employers.  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone ( ) Telephone ( ) | | | |
|
| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. | | | |

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**APPLICATION FOR EMPLOYMENT**

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| HAVE YOU EVER BEEN IN THE ARMED FORCES?  ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | MILITARY | | | \_\_ No  \_\_ Yes \_\_ No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| \_\_ Yes  Date Entered | | |
| **Work**  **Experience** | Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** | | | | | | | |
| Name of employer Address  City, State, Zip Code  Phone number | | | Name of last supervisor | | | Employment dates | Pay or salary | |
|  | | | From  To | Start  Final | |
| Your last job title | | | | | |
| Reason for leaving (be specific) | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | |
| Name of employer Address  City, State, Zip Code  Phone number | | | Name of last supervisor | | | Employment dates | Pay or salary | |
|  | | | From  To | Start  Final | |
| Your Last Job Title | | | | | |
| Reason for leaving (be specific) | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | |
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**APPLICATION FOR EMPLOYMENT**

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|  | From  To | Start  Final |
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| Reason for leaving (be specific) | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | |
| Name of employer  Address  City, State, Zip Code  Phone number | | Name of last supervisor | Employment dates | Pay or salary |
|  | From  To | Start  Final |
| Your last job title | | |
| Reason for leaving (be specific) | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | |

May we contact your present employer? \_\_ Yes \_\_ No

Did you complete this application yourself \_\_ Yes \_\_ No

If not, who did? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send application to [duane@vtstx.com](mailto:duane@vtstx.com), or fax to 817.385.6497