

VTG Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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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?

OFFICE ONLY

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	10-key <input type="checkbox"/> Yes <input type="checkbox"/> No	Word <input type="checkbox"/> Yes Processing <input type="checkbox"/> No _____ WPM
Personal <input type="checkbox"/> Yes <input type="checkbox"/> PC Computer <input type="checkbox"/> No <input type="checkbox"/> Mac	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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HAVE YOU EVER BEEN IN THE ARMED FORCES?	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">MILITARY</div>	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	___ Yes ___ No	
Specialty _____	___ Yes ___ No	
_____	Date Entered _____	Discharge Date _____

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 From To	Pay or salary 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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		From	Start
		To	Final
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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, or fax to 817.385.6497