



## EMPLOYMENT APPLICATION

( Pre-Employment Screening & Fingerprinting is Required )

Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION** - Complete **all** applicable information

Name (Last, First, MI):			
Position (s) applied for:	Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
Street Address	City	State	Zip
Primary Phone: _____		Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Date worked/Where? _____	
E-Mail address: _____		Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Require Sponsorship When could you start employment? _____	
Can you submit proof of legal employment authorization and identity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, give date _____			
Are you related to anyone currently or previously employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and relationship?			
Are you able to meet the attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, when can we contact them? _____			
How were you referred to us? <input type="checkbox"/> Walk-In <input type="checkbox"/> Internet Site <input type="checkbox"/> Employee Referral			

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Level
High School				
Undergraduate				
College				
Graduate				
Professional				
Other (Specify)				

Speak, Read and Write Fluently:

\_\_\_\_\_ English      \_\_\_\_\_ Other \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received .

\_\_\_\_\_

\_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Class of License :** \_\_\_\_\_ **Date Acquired:** \_\_\_\_\_

**Professional License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Type of License :** \_\_\_\_\_ **Date Acquired:** \_\_\_\_\_

## EMPLOYMENT HISTORY

<b>Present or Last Position :</b>	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State	Zip:
Reason for Leaving:	Summary of Duties:		
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number:	
		( ) _____ ext. _____	
		May we contact? _____ Yes _____ No.	

**EMPLOYMENT HISTORY**

<b>Present or Last Position :</b>	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: ( ) _____ ext. _____ May we contact? ___ Yes ___ No.	

<b>Present or Last Position :</b>	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: ( ) _____ ext. _____ May we contact? ___ Yes ___ No.	

**REFERENCES**

Name	Relationship	Name of Organization Where Individual Knew Your Work Performance	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

I hereby **authorize Vocational Visions** to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Vocational Visions and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. Vocational Visions uses E-Verify program in certain locations as required by law. <https://www.uscis.gov/e-verify>

I understand that any **misrepresentation or material omission** made by me on this application will be **sufficient cause for cancellation of this application or immediate termination of employment if I am employed**, whenever it may be discovered.

**CON'T. of STATEMENTS**

If I am extended an offer of employment, any doctor, hospital or testing laboratory has my **consent to conduct medical or drug tests on me**, and I hereby give my **consent to having all information released for Vocational Visions** to determine my abilities to perform job duties now or in the future. I acknowledge that I do not use or abuse illegal substances. I also give my consent to physical searches of myself and my purse, lunch box, car, locker or any packages I have while on Vocational Visions premises, whether or not I have lock on such items. **Vocational Visions is a drug free work-place.**

If I am employed, I acknowledge that there is **no specified length of employment** and that **this application does not constitute an agreement or contract for employment**. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. If terminated, Vocational Visions is liable only for wages or salary earned as of the date of termination.

I understand that no department head or representative of Vocational Visions, other than the **Executive Director**, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.

If employed, I understand that I must abide by Vocational Visions policies and procedures.

The needs of Vocational Visions may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work location other than the location offered to you at the time of your hire. I accept these conditions of employment.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that **if I am employed**, I will be required to **provide satisfactory proof of identity and legal work authorization within three (3) days of being hired**. Failure to submit such proof within the required time shall result in immediate termination of employment.

Vocational Visions is an equal opportunity employer. All qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status or any other characteristic protected by law. Read more: <https://www.dol.gov/regs/compliance/posters/eeopost.pdf>, [https://www1.eeoc.gov/employers/upload/eeoc\\_gina\\_supplement.pdf](https://www1.eeoc.gov/employers/upload/eeoc_gina_supplement.pdf)

Vocational Visions is committed to inclusion and diversity, and embraces all qualified applicants with varied perspectives and backgrounds. If you are a US applicant with a qualified disability or are a disabled veteran, you can request a reasonable accommodation if you are unable or limited in your ability. You can reach us at (provide email and phone).

*I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPLICANT DATA RECORD**

We ask that you complete this section so that we can comply with any applicable government record keeping. **This form is completely voluntary. No adverse action will be taken for your choice not to complete the form.**

**Position applied for:**  Instructional Assistant  Community Employment Supervisor  
 Supported Employment Off-Site Supervisor  Other: \_\_\_\_\_

**Referral Sources:**  Walk-In  Internet Site  Relative  Other: \_\_\_\_\_

Applications are considered for all positions without regard to race, color, sex, national origin, age, gender, identity, marital status, veteran status, disability, religion or any other characteristic protected by applicable federal, state or local law.

**This data is used for both our purposes to assess our equal employment opportunities policy and practices and, if applicable for any required government reporting. This data is kept in a confidential file separate from the application employment.**