APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

Last Name First Middle	Date
Street Address	Home Telephone ( )
City, State, Zip	Business Telephone ( )
Have you ever applied for employment with us? ☐ Yes ☐ No If yes: Month and Year_____ Location_____	Social Security #
Position Desired	Pay Expected
Apart from absence for religious observance, are you available for full-time work? ☐ Yes ☐ No If not, what hours can you work?_____	Will you work overtime if asked? ☐ Yes ☐ No
Are you legally eligible for employment in the United States?	When will you be available to begin work?_____
Other special training or skills (languages, machine operation, etc.)	

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				☐ Yes ☐ No	
College				☐ Yes ☐ No	
Business/Trade/ Technical				☐ Yes ☐ No	
High School				☐ Yes ☐ No	
Elementary				☐ Yes ☐ No	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

Form 22 - Printed in U.S.A.

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

2

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

3

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

4

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s)_____ Reason_____

MILITARY

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

If the employer has checked the box next to the questions, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, and a legitimate occupational qualification for business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or nation origin. Federal law also prohibits discrimination based on age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental disability.

✓ Provide dates you attended school
High School From:_____To_____ College From:_____To_____
Other:
_____

✓ # of dependants, including yourself _____

Are you a Vietnam Vet? _____

✓ Sex: Male____ Female_____

✓ Marital Status: Single___ Engaged___ Married___
Separated___ Divorced___ Widowed___

✓ Are you a U.S. Citizen?
Yes____No___

✓ What was your previous address?
_____

✓ How long at present address? _____

✓ How long at previous address? _____

✓ Are you over 18 years of age? Yes_____ No_____
If not, employment is subject to verification of age.

Have you ever been bonded? Yes___ No___
If yes, with what employers?
_____

✓ Have you been convicted of a crime in the past 10 years, including misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes_____ No_____ If "yes", describe:
_____

✓ State names of relatives and friends working for us, other than your spouse._____

✓ Have you ever received Worker's Compensation or Disability payments? Yes_____ No_____ If "yes", describe:
_____

✓ Have you any physical conditions or defects that would preclude or limit your ability to perform the job which you are applying for? Yes___No___ If "yes", describe:
_____

✓ Have you had a major illness in the pat 5 years? Yes___No____ If "yes", describe_____
_____

✓ DATE OF BIRTH _____/_____/_____

✓ EMERGENCY NAME AND PHONE NO. _____

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so if a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ _____
SIGNATURE DATE

ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards ect.

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize NVAC to contact and obtain information about me from previous employers, educational institutions and "references" I provide, and any other part necessary to verify the accuracy of information I disclose in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seek and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of NVAC has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

SIGNATURE

DATE

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		
4		

TEST RESULTS

Tests Administered	Raw Score	Rating	Analysis and Comments

INTERVIEW RESULTS

Interviewer Name and Comments