



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS (number, street, building)			
CITY		STATE	ZIP CODE
PHONE 1	PHONE 2	EMAIL ADDRESS	

If Yes, please explain:

Are you able to pass a drug test? Yes No

Please list names of any friend or relatives employed by VNBGC:

POSITION OF INTEREST

EMPLOYMENT TYPE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	POSITION APPLYING FOR	DAYS OF AVAILABILITY M T W TH F	DATE YOU CAN START
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EDUCATION (starting from the most recent)

School	Location	Date Graduated	Degree/Certificate

WORK EXPERIENCE

Company Name	Period	Position	Reason for Leaving

May we contact your present employer? Yes No If No, why? _____

If Yes, name of Supervisor: _____

Contact Number: _____

MAJOR SKILLS

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I certify that all the statements made on this application are true to the best of my knowledge. I understand that any misrepresentation or deliberate omission of a material fact may be justification for disqualification or termination of employment. I fully understand that my employment is contingent upon meeting background check and drug screening requirements.

SIGNATURE _____

DATE _____