



# APPLICATION FOR EMPLOYMENT

(Please Print) Date of Application \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

If employed and are you under 18, can you furnish a work permit? \_\_\_\_Yes \_\_\_\_No

Have you filed an application here before? \_\_\_\_\_ If Yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ If Yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you employed now? \_\_\_\_\_ If yes, may we contact your employer? \_\_\_\_\_

Are you on a lay-off and subject to recall? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_Yes \_\_\_\_No (Proof of eligibility for employment in the U.S. will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you seeking to work: \_\_\_\_-Full-Time \_\_\_\_-Part-Time \_\_\_\_-Temporary

Are you willing to work: \_\_\_\_-First Shift \_\_\_\_-Second Shift \_\_\_\_-Third Shift

Can you travel if a job requires it? \_\_\_\_-Yes \_\_\_\_-No

Have you been convicted of a felony? \_\_\_\_-Yes \_\_\_\_-No  
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H  
DRUG FREE WORKPLACE**

This application is active for 90 days from the date on the application. If you want to be considered again, you need to reapply.

**EMPLOYMENT EXPERIENCE:**

**Start with your present or last job.** Include military service assignments and volunteer activities. If more space is required, continue entries on a separate sheet arranged as below and attach to application. **Resumes are welcome, but may not be substituted for completion of the information requested below.**

|  |                        |
|--|------------------------|
| Employer Name _____                            | Telephone (____) _____ |
| Address _____                                  |                        |
| Job Title _____                                |                        |
| Supervisor _____                               |                        |
| Dates of Employment: FROM _____ TO _____       |                        |
| Salary/Hourly Rate: Starting _____ Final _____ |                        |
| Reason for leaving: _____                      |                        |
| Work Performed: _____                          |                        |

|  |                        |
|--|------------------------|
| Employer Name _____                            | Telephone (____) _____ |
| Address _____                                  |                        |
| Job Title _____                                |                        |
| Supervisor _____                               |                        |
| Dates of Employment: FROM _____ TO _____       |                        |
| Salary/Hourly Rate: Starting _____ Final _____ |                        |
| Reason for leaving: _____                      |                        |
| Work Performed: _____                          |                        |

|  |                           |
|--|---------------------------|
| Employer<br>Name                               | Telephone<br>(____) _____ |
| Address _____                                  |                           |
| Job<br>Title _____                             |                           |
| Supervisor _____                               |                           |
| Dates of Employment: FROM _____ TO _____       |                           |
| Salary/Hourly Rate: Starting _____ Final _____ |                           |
| Reason for leaving: _____                      |                           |
| Work<br>Performed: _____                       |                           |

|  |                           |
|--|---------------------------|
| Employer<br>Name                               | Telephone<br>(____) _____ |
| Address _____                                  |                           |
| Job<br>Title _____                             |                           |
| Supervisor _____                               |                           |
| Dates of Employment: FROM _____ TO _____       |                           |
| Salary/Hourly Rate: Starting _____ Final _____ |                           |
| Reason for leaving: _____                      |                           |
| Work<br>Performed: _____                       |                           |



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**EDUCATION:**

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 12+

High School Name \_\_\_\_\_

City and State \_\_\_\_\_

Did you graduate? \_\_\_\_\_ - Yes ? \_\_\_\_\_ - No? \_\_\_\_\_ -GED

Please list Technical School(s), College, etc (include major, years completed and if degree was received):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS/ QUALIFICATIONS:**

Please list any specialized training, apprenticeship or other skills that may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please list names, addresses and telephone numbers or three references who are NOT RELATED TO YOU.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**NOTICE OF DRUG SCREEN (Pre-Employment):**

VERSEVO Inc. is concerned with the health and safety of all of its employees. Consistent with this philosophy, we strive to create a “drug/alcohol” free work environment. In order to be qualified for employment at VERSEVO Inc., each person offered employment with VERSEVO Inc. will be required to pass a drug screen. This drug screen will require prospective employees to provide a urine sample. A confirmed positive test result, or refusal to submit to a drug screen, will disqualify that person from further consideration for employment with VERSEVO Inc.

**APPLICANT’S STATEMENT, AUTHORIZATION AND RELEASE:**

Applicant’s Name (please print): \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize VERSEVO Inc. to contact previous employers to verify my past employment record and authorize prior employers to release such information to VERSEVO Inc. representatives. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such. I understand that this application is not and is not intended to be a contract of employment. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal laws and state laws.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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