

(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?YesNo			
Have you filed an application	on here before? If Yes, give date/		
Have you ever been employ	ved 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?			
On what date would you be available for work?			
Are you seeking to work: _	Full-TimePart-TimeTemporary		
Are you willing to work: _	First ShiftSecond ShiftThird Shift		
Can you travel if a job requ	ires it?YesNo		
Have you been convicted of a felony?YesNo (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 <u>not</u> be substituted for completion of the information requested below.**

Employer	Telephone	
Name		
Address		
Job Title		
Truc		
Supervisor		
Dates of Employment: FROM	TO	
Salary/Hourly Rate: Starting	Final	
Reason for leaving:		
Work		
Performed:		
Flovon	Talanhana	
Employer Name	Telephone	
Name	Telephone ()	
Name	()	
Name		
Name	()	
Name Address Job	()	
Name Address Job		
Name Address Job Title		
Name Address Job Title Supervisor Dates of Employment: FROM		
Name Address Job Title Supervisor Dates of Employment: FROM Salary/Hourly Rate: Starting		
Name Address Job Title Supervisor Dates of Employment: FROM Salary/Hourly Rate: Starting Reason for leaving: Work	TOFinal	



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



EDUCATION:

Circle the highest grade con	mpleted 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 Schodegree was received):			ars completed and if
SPECIAL SKILLS/ QUA	LIFICATIONS:		
Please list any specialized us in considering your appl		ship or other skills tl	hat may be helpful to
REFERENCES:			
Please list names, addresse RELATED TO YOU.	es and telephone nu	imbers or three refer	rences who are NOT
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 bauthorize investigation of all statements contained in this application may be necessary in arriving at an employment decision. I authorize that a copy of this authorization to VERSEVO Inc. repretents a copy of this authorization and release is as valid as the considered as such. I understand that this application is not and contract of employment. In the event of my employment, I misleading information given in my application or interview(s) munderstand, also, that I am required to abide by all rules and regular This waiver does not permit the release or use of disability-related in a manner prohibited by the Americans with Disabilities Act (A federal laws and state laws.	ation for employment as orize VERSEVO Inc. to ord and authorize prior esentatives. I recognize original and should be a inderstand that false or ay result in discharge. I lations of the Company. I or medical information
Signature of Applicant Date	

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]



Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record. We appreciate you cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date:				
Name:				
Last	First	Middle		
Address:				
Street	City	State	Zip Code	
Position(s) Applied I	For:			
Referral Source:	Advertisement (source) (friend/relative)	Walk-In	Employee	
(· · · · · · · · · · · · · · · · · · ·			
Affirmative Action Survey Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicant. This data is for analysis and affirmative action only. Submission of information is voluntary.				
Check one:	MaleFemal	e		
Check one of the following	lowing race/ethnic group:			
White	Black/Africian American	Hispanic		
Asian/Other	Pacific IslanderAm	nerican Indian or Alask	can Native	