

TheVHouse LLC

Application for employment

Name (Print):		Today's Date:	
Current Address:			
Previous Address:			
Phone Number:		Drivers License Number:	
Email Address:		Social Security Number:	
Are You Over the Age 18? Yes No		Position(s) Applying For:	
Do you have the legal right to work in the United States? Yes No		Desired Pay Range:	
How many hours do you expect to work?	Date you are available for employment	Date Of Birth:	

In the table below, please indicate the days and shifts you <u>CAN</u> work.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
AM shift– 11:00 Am-4:00 PM				PM Shift– 4:00-9:30 PM			

Work History-List your last 3 jobs.Please fill out all information company			
	Current Most Recent Job	Previous Job #1	Previous Job # 2
Company Name			
Company Address			
Company Phone Number			
Name and Title of Immediate Supervisor			
Job Title			
Description of Job Duties			
Date of Employment			
Reason for Leaving			
May We contact this company	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No

Signature: _____ Date: _____

Additional Information

Have you ever been employed with this company before? Yes No
 If Yes, when?

Do you have any friends or relatives employed by this company? Yes No
 If Yes, please provide their names and relationship to you:

Are you currently employed? Yes No
 May we contact your employer? Yes No
 Are you currently on "lay off" status and subject to recall? Yes No
 If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No
 If Yes, please explain: _____

If driving is a requirement of the position applied for, have you in the last 3 years been convicted of Driving Under the Influence "(DUI)" Yes No N/A

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime as needed? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

Education

Type of school	Name and Location of school	Last Year completed	Did you Graduate ?
Middle school		6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No
High school		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact

Contact Name:	Phone Number
Relation:	

Acknowledgements

PLEASE READ CAREFULLY, *INITIAL EACH PARAGRAPH* AND SIGN BELOW

___ I certify that the statements I have made on this application are true and correct. I understand that any misrepresentations made in this application will be sufficient cause for denial of employment with or discharge from The Company. I understand that nothing contained in this application, or the granting of an interview, is intended to be a contract of employment. I also understand that employment with The Company is “at-will” and that either of us may terminate the relationship at any time, for any reason, with or without cause. I certify that if employed by The Company, I will abide by all company rules and regulations.

___ I authorize The Company to investigate my background to determine my suitability for employment and use any information lawfully obtained for any employment-related purpose permitted by law. This investigation may include checking with the schools and employers I have identified, reviewing criminal conviction and driving records, and verifying any other relevant information about me. I release and waive any claims I may have against and indemnify The Company and any of the schools, former employers and other persons and entitles for any loss of injury I may sustain as a result of any disclosure made related to this application.

___ The use, possession, or being under the influence of illegal drugs or alcohol while on Company time is prohibited and will result in disciplinary action, up to and including termination of employment. I hereby agree to any lawful drug or integrity testing or post-offer medical examination that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I authorize any physician, hospital, laboratory or collection site to release to The Company the results of any test or examination or other information which may be necessary to determine my ability to perform the duties of a job for which I am being considered, prior to employment or in the future during my employment with The Company.

Print Name: _____

Sign: _____

Date: _____