



# EMPLOYMENT APPLICATION

3/19/2016 VPS

APPLICATION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_ EMAIL: \_\_\_\_\_

**POSITION APPLYING FOR:**

CREW MEMBER     CREW LEADER     MANAGER

CELL / HOME PHONE #: \_\_\_\_\_

WORK or OTHER #: \_\_\_\_\_

## AVAILABILITY

DAY	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM							
TO							

**ARE YOU INTERESTED IN:**

FULL TIME     TEMPORARY

PART TIME     SUMMER

HOW MANY HOURS WOULD YOU LIKE TO WORK EACH WEEK? \_\_\_\_\_

WHO OR WHAT REFERRED YOU TO VAN'S? \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES CURRENTLY WORKING FOR VAN'S \_\_\_\_\_

HAVE YOU EVER WORKED FOR VAN'S     YES    IF YES, WHEN? \_\_\_\_\_

EXPECTED RATE OF PAY \_\_\_\_\_     NO    WHICH LOCATION? \_\_\_\_\_

IF YOUR UNDER 18 YEARS OF AGE, PLEASE STATE YOUR DATE OF BIRTH: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOW FAR DO YOU LIVE FROM THE RESTAURANT? \_\_\_\_\_

DO YOU HAVE RELIABLE TRANSPORTATION TO WORK?     YES     NO

WILL YOU BE WILLING TO WORK AT ANOTHER VAN'S STORE?     YES     NO

HOW FAR ARE YOU WILLING TO TRAVEL? \_\_\_\_\_

## EDUCATIONAL HISTORY

SCHOOL	NAME & LOCATION	MAJOR	LEVEL OR YEARS COMPLETED	DEGREE OR CERTIFICATE
HIGH SCHOOL				
COLLEGE OTHER SCHOOL				

**ACTIVITIES - CIVIC, ATHLETIC, FRATERNAL, ETC.** (EXCLUDE THOSE WHICH INDICATE RACE, RELIGION, COLOR, NATIONAL ORIGIN, OR AGE.)

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

## U.S. MILITARY SERVICE

BRANCH OF SERVICE	TECHNICAL SPECIALIZATION	RANK ATTAINED

## SPECIAL SKILLS

TYPING SPEED	PC SOFTWARE	OTHER SKILLS
WPM		

**LEGAL**

ARE YOU A U.S. CITIZEN OR DO YOU HAVE A LEGAL RIGHT & NECESSARY DOCUMENTS TO WORK IN THE U.S.?  YES  
 (IDENTITY AND EMPLOYMENT ELIGIBILITY OF ALL NEW HIRES WILL BE VERIFIED AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.)  NO

WERE YOU EVER DISCHARGED BY ANY COMPANY?  YES  NO IF YES, GIVE NAME OF COMPANY(IES)

AND REASON FOR DISCHARGE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? THE EXISTENCE OF A CRIMINAL RECORD WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING  YES  NO IF YES, PLEASE EXPLAIN OFFENSE AND FINAL DISPOSITION: \_\_\_\_\_

VAN'S IS A DRUG FREE WORKPLACE. AS A CONDITION OF EMPLOYMENT YOU MAY BE REQUIRED TO SUBMIT TO A SUBSTANCE ABUSE TEST AND A PHYSICAL EXAMINATION. ARE YOU WILLING TO DO SO?  YES  NO

**EMPLOYMENT HISTORY**

DATES	NAME AND LOCATION		POSITION AND SUPERVISOR	DUTIES	PAY RATE	REASON FOR LEAVING
FROM:	NAME:	CITY:	POSITION		START	
TO:	PHONE:	STATE:	SUPERVISOR NAME		END	
FROM:	NAME:	CITY:	POSITION		START	
TO:	PHONE:	STATE:	SUPERVISOR NAME		END	
FROM:	NAME:	CITY:	POSITION		START	
TO:	PHONE:	STATE:	SUPERVISOR NAME		END	
FROM:	NAME:	CITY:	POSITION		START	
TO:	PHONE:	STATE:	SUPERVISOR NAME		END	

**PLEASE EXPLAIN ANY PERIODS OF UNEMPLOYMENT:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ HOW DID YOU SPEND YOUR TIME? \_\_\_\_\_  
 FROM: \_\_\_\_\_ TO: \_\_\_\_\_ HOW DID YOU SPEND YOUR TIME? \_\_\_\_\_

**PERSONAL REFERENCES**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

- I CERTIFY THAT I HAVE READ AND FULLY COMPLETED BOTH SIDES OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR ERRONEOUS INFORMATION COULD RESULT IN THE DENIAL OF MY APPLICATION, WITHDRAWAL OF ANY OFFER OF EMPLOYMENT, OR IMMEDIATE DISCHARGE.
- I AUTHORIZE THE REFERENCES LISTED ON THIS APPLICATION TO GIVE VAN'S ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO VAN'S.
- IF HIRED, I AGREE TO OBEY VAN'S POLICIES. I ACKNOWLEDGE THAT VAN'S RESERVES THE RIGHT TO AMEND OR MODIFY THE POLICIES IN ITS HANDBOOK AND OTHER VAN'S POLICIES AT ANY TIME, WITHOUT PRIOR NOTICE. THESE POLICIES DO NOT CREATE ANY PROMISES OR CONTRACTUAL OBLIGATIONS BETWEEN VAN'S AND ITS EMPLOYEES. AT VAN'S, MY EMPLOYMENT IS AT WILL. THIS MEANS I AM FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE, AND VAN'S RETAINS THE SAME RIGHTS.
- VARIOUS FEDERAL, STATE, AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY, OR MARITAL STATUS. VAN'S IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL NOT BE USED AS A BASIS FOR DISCRIMINATION, BUT WILL BE JUDGED ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING.
- VAN'S HAS A VITAL INTEREST IN MAINTAINING A DRUG AND ALCOHOL FREE ENVIRONMENT FOR ITS EMPLOYEES, CUSTOMER AND VISITORS. THEREFORE, VAN'S PROHIBITS THE USE OF, POSSESSION OF, DISTRIBUTION OF, PURCHASE OR SALE OF, OFFERING TO PURCHASE OR SELL, TRANSFER OF, TRAFFICKING IN, AND WORKING OR REPORTING FOR WORK UNDER THE INFLUENCE OF INTOXICANTS, DRUGS OR CONTROLLED OR ILLEGAL SUBSTANCES. IF REQUIRED, I AGREE TO SUBMIT TO A SUBSTANCE ABUSE TEST AS A CONDITION OF EMPLOYMENT. ONCE HIRED, I MAY BE TESTED IF VAN'S HAS A REASONABLE SUSPICION OF SUBSTANCE ABUSE. RESULTS OF SUCH TESTS WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS.
- I UNDERSTAND THAT THE EMPLOYEE POLYGRAPH PROTECTION ACT OF 1988 PERMITS POLYGRAPH TESTING OF EMPLOYEES WHO ARE REASONABLY SUSPECTED OF INVOLVEMENT IN A WORKPLACE INCIDENT, SUCH AS THEFT OR EMBEZZLEMENT, THAT RESULTED IN ECONOMIC LOSS TO THE EMPLOYER.
- I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR MY EMPLOYMENT APPLICATION AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL DISCLOSURE CONCERNING THE COMPLETE NATURE AND SCOPE OF THE INVESTIGATION WILL BE PROVIDED. IF I AM DENIED A JOB BASED EITHER WHOLLY OR IN PART BECAUSE OF INFORMATION CONTAINED IN AN INVESTIGATIVE CONSUMER REPORT, I WILL BE PROVIDED THE NAME AND ADDRESS OF THE REPORTING AGENCY THAT SUPPLIES THE INFORMATION

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_