

VICTORIA ADVOCATE

EMPLOYMENT APPLICATION

Get it 574-1200 Go there VictoriaAdvocate.com

An equal opportunity employer

This company provides equal opportunity to all qualified persons without regard to race, color, national origin, sex, age, religion, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

Please read carefully and complete by printing in ink or typing.

Name _____ Soc. Sec. # _____

Street Address _____ Home Phone _____
(Current Address)

City, State, Zip _____ Work Phone _____

Street Address _____
(Permanent Address)

City, State, Zip _____

Position(s) applied for _____ Pay Desired _____

Are you 18 years of age or older? Yes No

To the best of your knowledge, are you legally eligible to work permanently in the United States? Yes No
(Should you be hired, you will be required by law to provide documents verifying your employment eligibility.)

Have you ever been convicted of a felony? Yes No If YES, list convictions (a conviction does not necessarily disqualify an applicant for the position being applied for): _____

Driver's license number _____ Class _____

Check the types of vehicle you are qualified to operate.

Passenger Car Light Truck Straight Truck Tractor/ Trailer

Have you ever applied for employment or previously worked with this company? Yes No If yes, state month and year _____

Were you a member of the U.S. Armed Forces? Yes No Branch: _____

Briefly describe your military duties: _____

Years Served: _____ Rank at Discharge _____

Use this space to provide any other information about your personal skills, work style, or hobbies which you feel would be of assistance in placing you.

EDUCATION

| SCHOOL TYPE | SCHOOL NAME AND LOCATION | COURSE OF STUDY | DATES ATTENDED FROM TO | GRADUATED YES NO | DEGREE |
|--|--------------------------|-----------------|------------------------|------------------|--------|
| HIGH SCHOOL | | | | | |
| TECHNICAL TRADE (after high school) | | | | | |
| COLLEGE (list all attended) | | | | | |

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

Include self-employment, summer, and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

1. Name of Employer _____
Address _____
Position (Street) _____ (City) _____ Supervisor and Title _____ (State) _____ (Zip Code) _____
Employed From _____ To _____ Starting Pay _____ Ending Pay _____
Duties _____
Reason for leaving _____

2. Name of Employer _____
Address _____
Position (Street) _____ (City) _____ Supervisor and Title _____ (State) _____ (Zip Code) _____
Employed From _____ To _____ Starting Pay _____ Ending Pay _____
Duties _____
Reason for leaving _____

3. Name of Employer _____
Address _____
Position (Street) _____ (City) _____ Supervisor and Title _____ (State) _____ (Zip Code) _____
Employed From _____ To _____ Starting Pay _____ Ending Pay _____
Duties _____
Reason for leaving _____

4. Name of Employer _____
Address _____
Position (Street) _____ (City) _____ Supervisor and Title _____ (State) _____ (Zip Code) _____
Employed From _____ To _____ Starting Pay _____ Ending Pay _____
Duties _____
Reason for leaving _____

5. Name of Employer _____
Address _____
Position (Street) _____ (City) _____ Supervisor and Title _____ (State) _____ (Zip Code) _____
Employed From _____ To _____ Starting Pay _____ Ending Pay _____
Duties _____
Reason for leaving _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation of facts will be justification for separation from the company's service. If employed, I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.
I understand and agree that, if employed, the employment will be "at will," that is, either I or the company may end the employment relationship at any time for any reason or for no reason. Also, I understand that no employee or representative of the company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing.

I understand that employment as a driver is contingent upon insurability and, if employed as a driver, I am subject to immediate discharge if I become uninsurable for any reason during the course of my employment.

This application will be considered valid for a period of 60 days. After 60 days, it will be necessary for me to submit a new application.

Applicant's Signature _____ Date _____