

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO*

ARE YOU ACQUAINTED WITH ANYONE WHO IS, OR WAS EMPLOYED BY VITAL CHOICE HEALTH STORE? ☐ YES* ☐ NO

***IF YES, WHO?:** _____

HAVE YOU PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME IN THE LAST 5 YEARS? ☐ YES* ☐ NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DEGREE:** _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

MOST RECENT EMPLOYER : _____

START DATE: _____ END DATE: _____

JOB TITLE: _____ RESPONSIBILITIES: _____

SUPERVISOR: _____ PHONE: _____

REASON FOR LEAVING: _____

SECOND MOST RECENT EMPLOYER : _____

START DATE: _____ END DATE: _____

JOB TITLE: _____ RESPONSIBILITIES: _____

SUPERVISOR: _____ PHONE: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

INFORMATION RELEASE

I certify that all the information in this application is true, complete and accurate in all respects.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to a) cancel further consideration of this application; or if I am employed, b) immediately discharge me from continued employment, regardless of when the discovery is made and regardless of my work performance.

I hereby authorize you to verify the accuracy of the information contained in this application.

I understand that the employer may conduct a background investigation of me and I agree that the employer may do so with the understanding that, if I am permitted to begin work before the background investigation is complete, my continued employment is conditional upon completion of the background investigation to the employer's satisfaction.

I hereby certify I have read and accept the above agreement.

SIGNATURE _____ **DATE** _____

PRINT NAME _____