



Bringing Integrity to the Surface.

(An Equal Opportunity Employer)

Application for Employment

DATE _____

PERSONAL INFORMATION

(PRINT)

NAME

LAST

FIRST

MIDDLE

CURRENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NUMBER

CELL NUMBER

ARE YOU 18 YEARS OR OLDER YES NO

(If no, you may be required to provide work authorization to work)

EMAIL ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE UNITED STATES? YES NO

(Proof of identity and eligibility will be required upon employment)

IF NOT, ARE YOU ABLE TO BECOME A LAWFUL EMPLOYEE IN THIS COUNTRY BECAUSE OF A VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

* Employment at Vance Bros. is conditional on results of a PRE-EMPLOYMENT physical exam and drug screen *

POSITION APPLYING FOR? _____

WHEN WOULD YOU BE AVAILABLE TO BEGIN WORK? _____

SALARY DESIRED _____

ARE YOU WILLING TO WORK: Full Time Part Time Evenings Nights Weekends

HAVE YOU EVER WORKED FOR VANCE BROS.? _____

DATES OF EMPLOYMENT _____

HOW DID YOU HEAR ABOUT VANCE BROTHERS?

WALK IN WEBSITE OTHER ADVERTISEMENT NEWSPAPER INTERNET AD

EMPLOYMENT AGENCY VANCE BROS.EMPLOYEE

Which agency? _____

Name _____

DO YOU HAVE A CDL LICENSE? _____ If yes, what class and endorsements? _____

STOP! MUST COMPLETE DRIVERS APPLICATION IF APPLYING FOR DRIVING POSITION

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School				
College				
Vocational or Trade School				

CONTINUING EDUCATION

Subjects of special study or research work

Special Training

Special Skills

REFERENCES (Give below the names of 3 persons not related to you, whom you have known at least 1 year)

NAME	ADDRESS/PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date/Rank _____

Present Membership in National Guard or Reserves _____ Date obligation begins _____

FORMER EMPLOYERS (List below the last three employers, starting with your most recent job held.) IF CURRENTLY EMPLOYED LIST YOUR CURRENT EMPLOYER

Name and address of current or previous employer

Start Date

End Date

Salary _____ hr/yearly

Job Title

May we contact your supervisor?

Description of Work

Reason for leaving

Name and address of next previous employer

Start Date

End Date

Salary _____ hr/yearly

Job Title

May we contact your supervisor?

Description of Work

Reason for leaving

Name and address of next previous employer

Start Date

End Date

Salary _____ hr/yearly

Job Title

May we contact your supervisor?

Description of Work

Reason for leaving

HAVE YOU EVER BEEN CONVICTED OF A FELONY ? Yes No

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

AUTHORIZATION

"I understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at anytime.

In consideration of employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

VOLUNTARY EEO IDENTIFICATION

Various governmental agencies require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race, ethnicity and other information as listed below. Such self-identification is submitted on a voluntary and confidential basis, for use only in accordance with regulations and without subjecting the individual to adverse treatment. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name _____ Date _____
Position Applied For _____
Social Security Number _____ Date of Birth _____ Sex: Male _____ Female _____

Race/Ethnic Data:

- White (Non-Hispanic/Latino) Asian (Non-Hispanic/Latino) American Indian or
Alaskan Native (Non-Hispanic/Latino)
 Black or African American Hispanic or Latino Native Hawaiian or other Pacific Islander
(Non-Hispanic/Latino) Two or more races (Non-Hispanic/Latino)

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era require that employers provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis, for use only in accordance with regulations and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- Disabled Person Vietnam Era Veteran Veteran Special Disabled Veteran
(30% or more disability)

EXPLANATION OF THE CATEGORIES:

White: Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black: Persons having origins in any of the black racial groups of Africa.

Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Japan, Korea, Malaysia, the Philippines, Samoa, India, Thailand, Vietnam and Pakistan.

Hispanic or Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South American origin, or any other Spanish culture, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community recognition.

Native Hawaiian or Other Pacific Islander: Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races: Persons who identify with more than one of the above five races, excluding Hispanic/Latino.

Disabled Individual: Federal regulations defines a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

Vietnam Era Veteran: Federal regulations defines a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability, if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Veteran: Veterans who served in the military, ground, naval or air services of the United States on active duty during a war or in campaign or expedition for which a campaign badge has been authorized.

Special Disabled Veteran: Federal regulations defines a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.