

VESTER AND ASSOCIATES

APPLICATION FOR EMPLOYMENT

READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION

I understand and agree that any false information provided herein may be cause for denial of employment or dismissal in the event of employment. As an applicant for a position with Vester and Associates Inc, I hereby authorize the release of information regarding my education and work history for use to determine my qualifications for employment.

Date: _____ Signature: _____

***Note:** Failure to sign above or to answer all questions on this application form may result in loss of employment opportunities with Vester and Associates Inc.

Name: (Last) _____ (First) _____ (MI) ____

Present Address: _____

City _____ State ____ Zip Code _____

Telephone No. (Home) _____

Social Security No. _____

E-Mail _____

Age:
(if under 18 years) _____

POSITION APPLIED FOR:

Job Title: _____ Expected Salary _____

Do you want to work: Full-time? Part-time?

Will you accept temporary employment? Yes No

Are you legally authorized to work in the United States? Yes No
(proof of employment eligibility will be required)

Have you ever served in the Armed Forces? Yes No

If yes, what branch?

Dates of duty: From _____ (Month Day Year) To _____ (Month Day Year)

Type of discharge _____

EDUCATIONAL BACKGROUND:

Type of School	Name and Location	No. of years	Graduated	Degree Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK HISTORY

List in order, present to past, each position you have held. **Account for all periods of unemployment.** Describe fully your specific duties and responsibilities for each position held. **Resumes may be attached as a supplement but cannot be a substitute for the completion of this application form. Also list any significant accomplishments you made in each position.** If additional space is needed attach supplementary sheets.

1

Dates of employment (*month, year*)

From: _____ To _____

Exact Title of Position: _____ Kind of business organization _____

(*manufacturing, accounting, insurance etc.*)

Place of employment (*city, state*) _____

Avg. hrs per week _____

Name of employer (*firm, organization, etc.*) and address (*including ZIP*)

Area code and phone No.

Number of employees you supervised

Salary or earnings (*grade & step, if applicable*)

Starting \$ _____ per _____

Final \$ _____ per _____ Name and title of immediate supervisor _____

Reason for wanting to leave _____

Describe your duties, responsibilities, and accomplishments _____

May we inquire of current employer? Yes No

2

Dates of employment (*month, year*)

From: _____ To _____

Exact Title of Position: _____ Kind of business organization _____

Place of employment (*city, state*) _____ Avg. hrs per week _____

Name of employer (*firm, organization, etc.*) and address (*including ZIP*)

Area code and phone No. _____ Number of employees you supervised _____

Salary or earnings (*grade & step, if applicable*)

Starting \$ _____ per _____

Final \$ _____ per _____ Name and Title of immediate supervisor _____

Reason for leaving _____

Describe your duties, responsibilities, and accomplishments _____

3

Dates of employment (*month, year*)

From: _____ To _____

Exact Title of Position: _____ Kind of business organization _____

(*manufacturing, accounting, insurance etc.*)

Place of employment (*city, state*) _____ Avg. hrs per week _____

Name of employer (*firm, organization, etc.*) and address (*including ZIP*)

Area code and phone No. _____ Number of employees you supervised _____

Salary or earnings (*grade & step, if applicable*)

Starting \$ _____ per _____

Final \$ _____ per _____

Reason for leaving _____

Describe your duties, responsibilities, and accomplishments _____

4

Dates of employment (*month, year*)

From: _____ to _____

Exact Title of Position: _____ Kind of business organization _____
(*manufacturing, accounting, insurance etc.*)

Place of employment (*city, state*) _____ Avg. hrs per week _____

Name of employer (*firm, organization, etc.*) and address (*including ZIP*)

Area code and phone No. _____ Number of employees you supervised _____

Salary or earnings (*grade & step, if applicable*)

Starting \$ _____ per _____

Final \$ _____ per _____ Name and Title of immediate supervisor _____

Reason for leaving _____

Describe your duties, responsibilities, and accomplishments _____

SKILLS AND QUALIFICATIONS

List special qualifications and skills that you have to offer.

Do you have a current Valid Driver's License? Yes No