



Application for Employment

1400 Commerce Center Drive, Franklin, Ohio 45005

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status, or the presence of a non-related medical condition or disability. All questions must be answered and application signed. Any application that does not provide requested information will be automatically rejected.

Position(s) Applied for _____ Date of Application ___/___/___

Referral Source: Advertisement Employee Relative Walk-In Internet
 State Employment Agency Private Employment Agency Other _____

Name: _____ Email: _____

Current Address: _____ City: _____ State: _____ Zip: _____ How long? _____
Number Street

Previous Address: _____ City: _____ State: _____ Zip: _____ How long? _____
Number Street

Best Phone Number to Reach You: (____) _____ Best time to call: _____

What date are you available for employment? Date: ___/___/___

Type of employment desired: (check all that apply) Full time Part time Temporary Seasonal

Are you able to work overtime if required? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you previously applied for a position at VRI? Yes No When? _____

Have you previously worked at VRI? Yes No When? _____

Are you eligible to work in the United States? Yes No
(Proof of eligibility will be required before you can be employed.)

If you are under 18, can you furnish a work permit? Yes No

Have you ever been convicted of/or plead guilty to a crime (other than minor traffic violations)? Yes No
If yes, please explain: (give date, location, charge, etc.) _____

If the job requires, do you have a valid driver's license? Yes No
DL# _____ Type: _____ State of Issue _____

Have you had any moving violations in the past 3 Years? Yes No
If yes, please describe _____

Do you have any relatives currently employed by VRI? Yes No
If yes, please list: _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No If no, describe the functions that cannot be performed: _____

(Note: we comply with the ADA and consider reasonable accommodations measure that may be necessary to eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Person to be contacted in case of an emergency: Relationship: _____
Name: _____ Telephone #: (____) _____
Last First Middle
Address: _____ City: _____ State: _____ Zip: _____
Number Street



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Educational Background:

Type of School	Name/City	How Many Years Attended	Course/ Major	Graduated
High School		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Graduate		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Trade		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History:

List your last three (3) employers, assignments or, if none, volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer:	Telephone: ()	Dates Employed (Month & Year) From To	Summarize the nature of the work performed
Address:			
Job Title:		Hourly Rate/Salary Starting	
Immediate Supervisor and Title:		\$ / Per	
Reason for leaving:		Hourly Rate/Salary Final	
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ / Per	

Employer:	Telephone: ()	Dates Employed (Month & Year) From To	Summarize the nature of work performed:
Address:			
Job Title:		Hourly Rate/Salary Starting	
Immediate Supervisor and Title:		\$ / Per	
Reason for leaving:		Hourly Rate/Salary Final	
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Comments and other skills, licenses/certification and qualifications (including explanation of any gaps in employment):



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References:

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If you cannot, list three school or personal references that are not related to you, who have knowledge of your work ethic, experience and abilities.

Name	Telephone	Years known	Relationship
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I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if I am employed, my employment is not guaranteed for any term, and my employment may be terminated by VRI or me at any time and for any reason with or without prior notice. No representative of VRI other than the owner(s) is authorized to make any assurance or promise of continued employment; and any such assurance must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by applicable safety and health rules and regulations and by the policies and rules of conduct of VRI.

I understand that this application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from VRI within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with VRI.

I give the VRI and /or its agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application and/or any interview with VRI for the purpose of employment and retention of employment. This investigation may include, but is not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless VRI, its representatives, all persons and organizations/companies for furnishing such information. I agree that VRI may periodically repeat these investigations throughout my employment,

If required, I agree to a drug testing prior to and during employment and following accidents of any kind.

The employer, VRI, is an Equal Opportunity Employer. VRI does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

NOTICE: This is to inform you that as part of processing your employment application, we may obtain a consumer report and/or an investigative report which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of this notice and a copy of the "Summary of Your Rights under the Fair Credit Reporting Act."

Signature of Applicant _____ Date ____/____/____