



EMPLOYMENT APPLICATION

PLEASE PRINT		Today's date: _____		
_____	_____	_____	_____	
First Name	M.I.	Last Name	Preferred Name/Nickname	
_____		_____	_____	_____
Street Address	Apartment #	City	State	Zip Code
_____		_____	_____	_____
_____		_____	_____	
Home Phone	Alternate/Work Phone		E-Mail Address	

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: Full-time _____ Part-time _____ Temporary _____

How did you hear about the position? Classified Ad _____ Friend (Name) _____
Radio _____ Internet _____

Desired Pay:

Hourly Pay (minimum if applicable) _____ Annual Pay (minimum) _____ Annual
Pay (desired) _____

When are you able to start work? (Date) _____

Are you able to travel? _____

Do you have reliable transportation that can be used for work? Yes _____ No _____

Position desired: _____

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes _____ No _____

Do you have any physical limitations that could prevent you from being able to lift and/or carry heavy objects and climb ladders? Yes _____ No _____

Are you afraid of heights (average 3-4 story heights)? Yes _____ No _____

VMintegrated is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, VMintegrated complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. VMintegrated also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

Have you ever been convicted of a crime? (including misdemeanors) Yes ____ No ____

Do you have any unresolved criminal charges? Yes ____ No ____

(That is, criminal charges that have not yet been resolved through a plea, court verdict, deferred adjudication or dismissal of the charge).

If yes, describe fully.

Describe Incident:

What year did the criminal charge/conviction occur:

What county, state did the criminal charge/conviction occur:

What name did you go by at the time of the criminal charge/conviction?

*** PLEASE NOTE: OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.**

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes ____ No ____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, **VMintegrated** will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM /	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
TO /	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TELEPHONE NUMBER ()	TERMINATION	REASON	
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION			

FROM /	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TO /	TELEPHONE NUMBER ()	TERMINATION	REASON
MO.		<input type="checkbox"/> VOLUNTARY		
YR.		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

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	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TO /	TELEPHONE NUMBER ()	TERMINATION	REASON
MO.		<input type="checkbox"/> VOLUNTARY		
YR.		<input type="checkbox"/> INVOLUNTARY		
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MO.		\$	\$	

TO / MO. YR.	TELEPHONE NUMBER ()	TERMINATION REASON <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION	

ADDITIONAL INFORMATION:

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM / _____	TO / _____ - _____	HOW DID YOU SPEND THIS TIME? _____
FROM / _____	TO / _____ - _____	HOW DID YOU SPEND THIS TIME? _____

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquire into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED: _____

DATE: _____

Signature of Applicant

Date: