

Toll Free: 800-666-9473 PO Box 2112 200 Hickory Street Fort Collins, CO 80522 Fax: 970-482-2497

APPLICATION FOR EMPLOYMENT

Please submit application by email to jdaley@vsw-co.com

Today's Date

Date Available to Start

Currently Employed?

Yes

No

Name (First, MI, Last):

Position (applying for):

Wage Expectation:

			Con	tact / Id	lentify	ying Informa	ion						
Phone#					E	Email:							
Home Address					(City, State, Z	р						
Last 4 digits of SSN:	###-	###-##-				Oriver License	r License # State						
Legal Information													
Are you a U.S. Citizen? Yes No						If no, are you authorized to work in the U.S.? Yes No							
				Educ	ation	and Skills							
Highest Level of Education?		_ High school /GED _ Vocationa			ional	_ Some co	_ Associates		_ Undergraduate		_ M	_ Masters	
High School Name:					Year Gradu	ated/	Completed						
College / Vocational School:						Did you gra	duate	? Yes	No	Year			
Degree or License?													
Other applicable skills:													
				Mil	litary	Service							
Branch					Enlis	sted Date			Di	scharge	Date		
Rank at Discharge	D			Disc	charge Type								
If discharge is other to													
Current or Previous Employment (List in order of most recent to oldest)													
Company			(LIS	it in order	OI IIIOS	Title/Po		1					
Address						City, State, Zip							
Responsibilities								·					
Beginning Date				Ending	Ending Date								
Reason for Leaving?													
Eligible for re-hire?	Yes	No If no	, pleas	e explai	n:								
Name of supervisor						Title							
May we contact your previous supervisor? Y			Ye	es	No	Phone	#						

(Continue on next page)

	Previous Employment (List in order of most recent to oldest)								
Company	Title/Position								
Address	City, State, Zip								
Responsibilities									
Beginning Date	Ending Date								
Reason for Leaving?									
Eligible for re-hire?	Yes No If no, please explain:								
Name of supervisor	Title								
May we contact your pre	evious supervisor? Yes No Phone #								
	Previous Employment (List in order of most recent to oldest)								
Company	Title/Position								
Address	City, State, Zip								
Responsibilities									
Beginning Date	Ending Date								
Reason for Leaving?									
Eligible for re-hire?	Yes No If no, please explain:								
Name of supervisor	Title								
May we contact your pre	evious supervisor? Yes No Phone #								
	Previous Employment (List in order of most recent to oldest)								
Company	Title/Position								
Address	City, State, Zip								
Responsibilities									
Beginning Date	Ending Date								
Reason for Leaving?									
Eligible for re-hire?	Yes No If no, please explain:								
Name of supervisor	Title								
May we contact your pre	evious supervisor? Yes No Phone #								
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Company	Title/Position								
Address	City, State, Zip								
Responsibilities									
Beginning Date	Ending Date								
Reason for Leaving?									
Eligible for re-hire?	Yes No If no, please explain:								
Name of supervisor	Title								
May we contact your pre	evious supervisor? Yes No Phone #								
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	Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand false or misleading information in my application or interview may result in discharge.									
Signature	Date								
J									