

# VITALINK

## EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First MI

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(physical & mailing) Street City State Zip

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, race, religion, age, creed, national origin, pregnancy, military status or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_ Which would you prefer?  Full-time  Part-time

For which schedules are you available?  Weekdays  Weekends  Evenings  Nights

List states and counties of residence for the past seven years. \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a misdemeanor, felony and/or served time in the past seven years? If so, please describe below.  
(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge
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Yes  No Have you been given a job description or had the requirements of the job explained to you?

Yes  No Do you understand these requirements?

Yes  No Can you perform the essential functions of this job with or without reasonable accommodation?

EDUCATION	Name	City/State	Dates	Graduate?
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High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

### EMPLOYMENT REFERENCES: (next page)

Please note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical.*

**MOST RECENT EMPLOYER**     Yes     No    Are you currently working for this employer? If yes, may we contact?

Company Name \_\_\_\_\_ City / State \_\_\_\_\_ Phone Number \_\_\_\_\_

To \_\_\_\_\_ From \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Duties \_\_\_\_\_

Per \_\_\_\_\_  
Salary \_\_\_\_\_ (Hour, Week, Month) Reason for Leaving \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

Company Name \_\_\_\_\_ City / State \_\_\_\_\_ Phone Number \_\_\_\_\_

To \_\_\_\_\_ From \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Duties \_\_\_\_\_

Per \_\_\_\_\_  
Salary \_\_\_\_\_ (Hour, Week, Month) Reason for Leaving \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

Company Name \_\_\_\_\_ City / State \_\_\_\_\_ Phone Number \_\_\_\_\_

To \_\_\_\_\_ From \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Duties \_\_\_\_\_

Per \_\_\_\_\_  
Salary \_\_\_\_\_ (Hour, Week, Month) Reason for Leaving \_\_\_\_\_

**REFERENCES**    Include only individuals familiar with your work ability. Do not include relatives.

Name	Address / Phone	Years Known / Relationship

**CERTIFICATION AND RELEASE**    I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. **I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.** I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# VITALQLINK

## REFERENCE REPORT

Former Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

The person named below has made application for employment with Vital Link. We would appreciate your completing this form to assist us in evaluating his/her application. At the bottom of this form is a signed statement of consent from the applicant to release the information.

Name of Applicant: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Why did he/she leave your employ? Resigned \_\_\_\_\_ Discharged \_\_\_\_\_ Laid Off \_\_\_\_\_

If discharged, why? \_\_\_\_\_

Eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

Qualities	Excellent	Good	Fair	Poor	Unsatisfactory
Quality of Work					
Dependability					
Initiative					
Attendance					
Cooperation					
Honesty					
Courtesy					
Appearance					

Comments: \_\_\_\_\_  
\_\_\_\_\_

Person confirming above reference: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### STATEMENT FOR RELEASE OF INFORMATION

Permission is hereby given to the above named company to release the information requested in order to determine my qualification for employment. It is further agreed that I waive any action against Vital Link or the above named employer should the information furnished result in the rejection of my application for employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Comments: \_\_\_\_\_

Person confirming above reference: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### STATEMENT FOR RELEASE OF INFORMATION

Permission is hereby given to the above named company to release the information requested in order to determine my qualification for employment. It is further agreed that I waive any action against Vital Link or the above named employer should the information furnished result in the rejection of my application for employment.

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Courtesy					
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\_\_\_\_\_

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