

VEGOS JOB APPLICATION
(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL

POSITION(S) APPLIED FOR DATE OF APPLICATION
NAME LAST FIRST MIDDLE
ADDRESS STREET CITY STATE ZIP CODE
EMAIL ADDRESS
PHONE #() ALTERNATE PHONE #()
DATE AVAILABLE TO WORK / /
TYPE OF EMPLOYMENT DESIRED:
FULL TIME PART TIME TEMPORARY SEASONAL INTERNSHIP
HAVE YOU APPLIED/INTERVIEWED WITH VEGOS IN THE LAST 6 MONTHS? YES NO
ARE YOU A U.S. CITIZEN? YES NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT INTO WHICH VEGOS CAN DIRECT DEPOSIT YOUR PAY? YES NO IF NOT, WOULD YOU BE WILLING TO ESTABLISH ONE? YES NO

EMPLOYMENT HISTORY

PROVIDE THE FOLLOWING INFORMATION FOR YOUR PAST 3 EMPLOYERS, ASSIGNMENTS, OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT:

FROM TO EMPLOYER () PHONE
JOB TITLE ADDRESS
IMMEDIATE SUPERVISOR AND TITLE SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES
REASON FOR LEAVING SALARY
START \$ PER FINAL \$ PER

FROM TO EMPLOYER () PHONE
JOB TITLE ADDRESS
IMMEDIATE SUPERVISOR AND TITLE SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES
REASON FOR LEAVING SALARY
START \$ PER FINAL \$ PER

EMPLOYMENT HISTORY CONTINUED

FROM	TO	EMPLOYER	() PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES	
REASON FOR LEAVING	SALARY		
	START \$ PER FINAL \$ PER		

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			N/A
COLLEGE/UNIVERSITY			
CERTIFICATES/LICENSES/OTHER			

SPECIAL SKILLS:

AVOCATIONAL INTERESTS OR HOBBIES:

REFERENCES

NAME	TITLE	COMPANY	PHONE

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

SIGNATURE OF APPLICANT: DATE:

HOW DID YOU HEAR ABOUT THIS POSITION?