



Application for Employment

*Visions Unlimited, Inc. Is An Equal Opportunity Employer
Please Complete and Sign This Application Form Even If Accompanied By Your Resume*

| PERSONAL INFORMATION | | | | |
|---|-------------------|---|---|--|
| Date of Application: | | Position Applied For: | | |
| Full Legal Name First: | | Middle: | Last: | |
| Minimum Salary Requirements: \$ _____ per | | <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year | Date Available For Work: | |
| Current Street Address: | | City: | State: | Zip Code: |
| Mailing Address (If Different from Above): | | City: | State: | Zip Code: |
| Telephone: | | Days and Hours Available: | Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | *If under 18, hire is subject to verification that you are of minimum legal age. | If hired, can you present evidence of your U.S. Citizenship or proof of legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever filed an application or have been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have any friends or relatives working for our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No *Relationship? | | |
| EDUCATION RECORD | | | | |
| | Name and Location | Degree or Certificate Earned | Major or Specialty | Years Completed |
| High School | | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| College or University | | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Graduate School | | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Other | | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Additional Information: | | | | |



PAST EMPLOYMENT RECORD (Show Most Recent Employer First)

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|--|--|-----------------|--|---|-----------|
| Company Name: | | Position Title: | | Area Code/Telephone: | |
| Address: | | City: | | State: | Zip Code: |
| Dates of Employment: From: _____ To: _____ | | | | Ending Salary/Per: | |
| Name of Immediate Supervisor: | | Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe your duties and scope of your primary responsibilities: | | | | | |
| Reason(s) for Leaving: | | | | | |
| Company Name: | | Position Title: | | Area Code/Telephone: | |
| Address: | | City: | | State: | Zip Code: |
| Dates of Employment: From: _____ To: _____ | | | | Ending Salary/Per: | |
| Name of Immediate Supervisor: | | Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe your duties and scope of your primary responsibilities: | | | | | |
| Reason(s) for Leaving: | | | | | |
| Company Name: | | Position Title: | | Area Code/Telephone: | |
| Address: | | City: | | State: | Zip Code: |
| Dates of Employment: From: _____ To: _____ | | | | Ending Salary/Per: | |
| Name of Immediate Supervisor: | | Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Describe your duties and scope of your primary responsibilities: | | | | | |
| Reason(s) for Leaving: | | | | | |



ADDITIONAL SKILLS AND TRAINING

Please list additional skills and training that may be relevant on the position for which you are applying (i.e. computer skills, language, etc.):

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EMPLOYMENT REFERENCES

Please list previous supervisors or managers whom we may contact for reference.
If you do not have applicable previous employers, please list academic references.

| Name | Position Title | Employer | Phone Number |
|------|----------------|----------|--------------|
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Why do you feel you are qualified for this position? (Please feel free to use additional space if necessary):

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PLEASE READ CAREFULLY

I understand the organization has, or may choose to implement, a program of appropriate Organization-paid pre-employment physical examinations, including standardized drug screens. Offers of employment may be subject to the successful completion of such an examination, as well as verification of previous employment, education, and references. Any disparity between results of these efforts and the information contained in the application form may result in the withdrawal of such employment offer, or if work has begun, the termination of my employment. _____
Initial

I authorize the Organization and its representatives to contact personal references, past supervisors, educational institutions and credit reporting agencies, as it may deem necessary to obtain satisfactory information. I also authorize those contacted to release this information. _____
Initial

I certify that all of the information on this application was provided by me and is true. If employed, I agree to comply with all rules, regulations, and policies of the organization. I understand and agree that my employment relationship with the Organization is on an "at will" basis, meaning that either the organization or I may terminate my employment at any time, for any lawful reason, with or without cause and with or without notice. I further understand and agree that if at any time during my employment any of the information herein is found to be misleading or untrue, my employment may be terminated.

Initial

I understand that, if employed, I will be required to furnish verification of my legal right to work in the United States by providing acceptable documentation as required by statute within 72 hours of commencement of employment. Further, I understand that in accordance with current Department of Homeland Security legislation, my employment will be terminated at the end of that period should I not furnish the required documentation. _____
Initial

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|-------------------------|-------|
| Signature of Applicant: | Date: |
| Print Name: | Date: |