



APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Date: ____ / ____ / ____

Social Security Number: ____ / ____ / ____

First Name:

Middle Name:

Last Name:

Address:

Street

City

State

Zip

Phone Number: (____) ____ - ____

Email: _____

ADDITIONAL INFORMATION

Are you 18 years or older? ☐ YES ☐ NO

Are you legally authorized to work in the United States? ☐ YES ☐ NO

Have you been convicted of a felony or misdemeanor? ☐ YES ☐ NO

Please describe: _____

(You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied for.)

Have you applied to Vantage before? ☐ YES ☐ NO

Have you been employed by Vantage before? ☐ YES ☐ NO

EMPLOYMENT DESIRED - A specific position has to be entered on this application on the "Position Desired" line or we will not accept your application.

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are You Employed Now: _____ If so, may we inquire of your present employer? _____

EDUCATION

	<u>Name and Location</u>	<u># Of Years Attended</u>	<u>Did you Graduate?</u>	<u>Subjects Studied</u>
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

GENERAL (Subjects of special study or research work)

U.S. Military or Naval Service: _____

Rank: _____ Present Membership in National Guard or Reserves: _____

FORMER EMPLOYERS (List below the last four employers, starting with the last one first)

<u>Date, Month and Year</u>	<u>Name and Address of Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

REFERENCES (Give the names of three persons not related to you, whom you have known at least one year)

<u>Name</u>	<u>Address, Phone Number & <i>Email</i></u> <i>(Please put name of business if the reference number is a place of business)</i>	<u>Years Acquainted</u>
1.		
2.		
3.		

PHYSICAL RECORDS

Do you have any physical limitations that preclude you from performing any work for which you are being considered? ☐ YES ☐ NO

If yes, what can be done to accommodate your limitation? Please Describe.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signature: _____

Date: _____



Vantage[®] Holding Company, LLC

1305 South Main Street ♦ Meadville, PA 16335

(814) 337-0000

Vantage[®] Values

Below are five values that Vantage[®] uses within its companies. Beside each value, please explain how you can contribute to our company by using the value.

TRUTH:

MUTUAL RESPECT:

CREATIVITY:

FLEXIBILITY:

CUSTOMER SERVICE:

Authorization to Release Information

TO: (Prior Employer, School Attended, Police Record, etc.)

As an applicant for a position with Vantage[®], I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications. The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Print Your Name: _____

Date: _____

Signature: _____

Date: _____

Social Security Number: _____

Date of Birth: _____