## APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMA	ATION							
Date://	Date: / Social Security Number: / /							
Name:					<del></del>			
Last		First	Middle					
Present Address:	Street	City	State	Zip				
Permanent Address:		-		-				
i ormanoni i iddicos.	Street	City	State	e Zip	<del></del>			
Phone Number: (	)							
Are you 18 Years or Olde	r: 🗖 YES 🗖 NO							
SPECIAL QUESTIONS								
by National Security Laws  HeightFeet _  Are you prevented from  Date of Birth/_ individuals who are at least 40 but less  What Foreign Language What Foreign Language What Foreign Language Have you been convicted Please Describe:  (You will not be denied employment some will not accept your application.)	Inches m lawfully becomi  ———————————————————————————————————	ing employed in Age Discrimination in luently? tently? uently? misdemeanor was record, unless the off	□ Weign the U.S  Employment Act of 196  within the last fix  Tense is related to the jo	ghtLbs. YESNO 67 prohibits discriminate we years?YES	ion on the basis of age with respect to			
Position: Date You Can Start: Salary Desired:								
Are You Employed Now:	If so r	nay we inquire	of your present	t employer?				
Ever Applied to this Com	Where? _		When?					
EDUCATION								
	Name a		# of Years	Did you	<u>Subjects</u>			
Grammar School	<u>Locati</u>	<u>on</u>	<u>Attended</u>	Graduate?	<u>Studied</u>			
Granniai School								
High School								
College								
Trade, Business or Correspondence School								
<b>GENERAL</b> (Subjects of	special study or r	esearch work						
U.S. Military or Naval Ser	•							
Rank:		Dragant Ma	mharshin in Ma	tional Guard or	Dagarwage			
Nalik.		e resent ivié	andersind in iNa	ilionai Ciuatu Of	INCSCLACE.			

FORMER EMPL	LOYERS (List b	oelow the last four e	mployers, startin	g with the last o	one first)		
Date, Month	_	Name and	Salary	Position	Reason for Leaving		
and Year	Addres	ss of Employer		<u> </u>			
From:							
To:							
From:							
To:							
From:							
To:							
From:							
To:							
		•			known at least one year)		
<u>Name</u>		Address, Phone Number & Email Years  (please put name of business if the reference number is a place of business)  Acquainte					
1.		spicase pur name of our	mess y me rejerence	number is a piace o	<u>of business)</u> <u>Acquainted</u>		
2							
2.							
3.							
PHYSICAL REC	CORDS						
Do you have any p considered? ☐ YE	•	ons that preclude you	from performing a	any work for wh	ich you are being		
If Yes, what can be	e done to accom	modate your limitation	on? Please Describ	e.			
ii i os, willo our ex			1 10000 2 000110				
		nis application are true application shall be gr			wledge and understand that, i		
I authorize investiga	ation of all statem	ents contained herein	and the references 1	isted above to give	ve you any and all information		
		and any pertinent informay result from furnish		ive, personal or ot	therwise, and release all partied		
		my employment is for y time without any prior		nd may, regardles	s of the date of payment of my		
Signature:				Date: _			

## Vantage<sup>®</sup> 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<sup>®</sup>, 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: Date of Birth: Social Security Number: Witness: Date: DO NOT WRITE BELOW THIS LINE Interviewed by: \_\_\_\_ Hired: ☐ YES ☐ NO Salary/Wage: \_\_\_ Date: \_\_ Position: Department: \_\_ Date reporting to work: \_\_ Approved: (1.) \_\_\_\_ Department Head Employment Manager General Manager

## Completed applications can be submitted to:

Vantage

Attention: Vallerie Travis, HR Department 1305 South Main Street, Meadville, PA 16335 Fax: (814) 337-0479; Email: valt@vhcn.com