

VALUE ADDED PRODUCTS EMPLOYMENT APPLICATION

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

Date _____

Personal Information

NAME _____

Last

First

Middle

PRESENT ADDRESS _____

Street

City

State

Zip

PERMANENT ADDRESS _____

Street

City

State

Zip

E-MAIL ADDRESS _____

Phone _____

()
area code

Are You 18 years or older

YES

NO

circle one

Are you Authorized to work in the United State? Yes or No

After an offer of employment has been made, candidates will be required to pass a drug screen and background check. Please initial your acknowledgement.

Have you been convicted of a crime other than minor traffic offenses Yes or No.

Value Added Products believes in a culture of inclusion and declaring a criminal offense is not an automatic bar to Employment.

Please explain the nature and date of the offense(s) _____

Employment Desired

Position _____

Date You Can Start

Salary Desired

Shift _____

1st

2nd

3rd

circle all that apply

Are You Employed Now?

YES

NO

circle one

Have you ever applied with V.A.P. before? Yes No If so, when?

circle one

How were you referred to Value Added Products? _____

Education	Name and Address of School	Number of years attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business or correspondence school				

Special Skills

U.S. Military or Naval Service	Rank	Type of Discharge
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This form has been created to comply with the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

Employment History

List below the last four employers starting with the most recent one

Date Month and Year	Name, Address and Phone of Employer	Salary	Position	Duties and reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

Checking references is an important part of the employment process. Failure to provide references with phone Numbers will make it difficult to approve the application. Please do your' best.

References

Give the name and address of three people not related to you that you have known at least one year

Name	Phone Number	Business	Years Acquainted

I certify that all information submitted by me on this application for employment is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the rules, regulations, and policies of Value Added Products. I agree that my employment and compensation may be terminated with or without cause, and with or without notice, at anytime by either my option or the option of Value Added Products. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice by Value Added Products.

Date

Signature

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DO NOT WRITE BELOW THIS LINE
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Interviewer Comments
