

If submitting this application via email, this form must first be opened in a standalone PDF reader or the data will not save. Opening in the built-in Chrome or Firefox browser window will disable the submit button. Save the file to your local computer or disable your browser built-in PDF viewer.

VANDOR CORPORATION

Application for Employment

4251 W. Industries Rd (765)966-7676
Richmond, IN 47374 (765)962-3139 fax

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) applied for Date of Application
Referral Source Advertisement Employee Relative Government Employment Agency
Walk-In Private Employment Agency Other
Name LAST FIRST MIDDLE
Address STREET CITY STATE ZIP Social Security #
Telephone # ( ) E-mail Address

Do you have a shift preference? 1st 2nd 3rd or Any Shift

If necessary, best time to call you at home is

May we contact you at work? Yes No

If yes, work number and best time to call ( )

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) / /

Have you ever been employed here before? Yes No

If yes, give dates From / / To / /

Are you legally eligible for employment in this country? Yes No

Date available for work / / What is your desired salary range? \$

Type of employment desired... Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Are you able to meet the lifting requirements of 75lbs? Yes No

Will you work overtime if required? Yes No

If no, please explain

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function State

**AN EQUAL OPPORTUNITY EMPLOYER**

**Employment History**

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Phone	Dates Employed		Summarize type of work performed and job responsibilities
		From	To	
Address				
Starting Job Title		Starting Salary		
Final Job Title		\$ _____ per _____		
Reason for leaving		Final Salary		
Name of supervisor		\$ _____ per _____		
May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later				

Employer	Phone	Dates Employed		Summarize type of work performed and job responsibilities
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Starting Job Title		Starting Salary		
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May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later				

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May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later				

**Comments** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

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**Skills and Qualifications**

Summarize any special training, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**Educational Background** (if job related)

- A. List last three (3) schools attended, starting with most recent.
- B. List number of years completed.
- C. Indicate degree or diploma earned, if any.
- D. Grade point average or class rank.
- E. Major field of study.
- F. Minor field of study (if applicable).

A. SCHOOL	B. NO. OF YEARS COMPLETED	C. DEGREE / DIPLOMA	D. GPA / CLASS RANK	E. MAJOR	F. MINOR

**References**

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are NOT related to you.

NAME	TELEPHONE	NO. of YEARS KNOWN
	(     )	
	(     )	
	(     )	

**Additional Information**

List professional, trade, business or civic associations and any offices held. EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc. EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

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List any additional information you would like us to consider.

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## **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Application may be emailed electronically or printed and submitted in person.

To send the application electronically, first save the PDF file to your computer.

Fill out the application and click the submit button below. File will be attached via email of your choice.

Save a copy for your records.