

VANDOR CORPORATION

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

Application for Employment

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 of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY STATE ZIP

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 ___

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 _____

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 |
| | | 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 |
| | | 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 | | | | |

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

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.

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.

List any additional information you would like us to consider. _____

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 ____ / ____ / ____