



225 Ray Ave -Suite 200
Fayetteville, NC 28301

Today's Date ____/____/____

VETPRIDE SERVICES EMPLOYMENT APPLICATION

CONTACT INFORMATION - ***Please print legibly!*** ← ←

Full Legal Name: _____ Maiden Name: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____

Social Security #: _____ - _____ - _____

E-mail Address: _____

Emergency Contact Name: _____ Relation: _____

Emergency Phone#: (____) _____

PERSONAL INFORMATION

NOTE: Criminal background Checks will be required for positions with VetPride Services, and must match details listed on this application.

• Do you have any relatives that currently work with VetPride Services? YES _____ NO _____
If yes, Please list the following:

NAME: _____ RELATIONSHIP _____

• What other legal names have you worked under? _____

• Are you at least 18 years of age? YES _____ NO _____

• Do you have the legal right to work in the United States? YES _____ NO _____

• Have you been issued a security clearance? YES _____ NO _____

What type? _____

→HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR ANY OTHER OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES _____ NO _____

IF YES, PLEASE GIVE DETAILS: _____

MILITARY HISTORY (Please attach a copy of your DD214 to application if a veteran)

Prior Service: YES _____ NO _____

Service Branch _____

Date of Discharge ____/____/____

Years of Service _____

Rank at Discharge _____

Primary MOS/Skill Identifier _____

Secondary MOS: _____

Type of Discharge _____

WORK PREFERENCE

What position(s) are you applying for? _____

DATE YOU CAN START WORK ____/____/____

DESIRED EMPLOYMENT: **FULL TIME** or **PART TIME**

Are there any days you cannot work and why?

EDUCATION

<u>Type</u>	<u>INSTITUTION</u>	<u>STATE</u>	<u>YEARS</u>	<u>DIPLOMA</u>	<u>AREA OF STUDY</u>
High School:	_____	_____	_____	Y N	_____
Voc. /Technical:	_____	_____	_____	Y N	_____
College:	_____	_____	_____	Y N	_____
Post College:	_____	_____	_____	Y N	_____

MILITARY EDUCATION/TRAINING:

CREDENTIALS / LICENSES

<u>TYPE OF CRED/LIC</u>	<u>ISSUED BY</u>	<u>ISSUE/EXP. DATES</u>	<u>LIC#</u>
_____	_____	_____	_____
_____	_____	_____	_____

WORK HISTORY *Please list and print your last three (3) jobs. Attach resume if you have one.*

➤ Company: _____
Street Address: _____
City / State: _____ Zip: _____
Start Date: ____/____/____ End Date: ____/____/____
Supervisor: _____ Phone: (____) _____
Your Position/Title: _____
JobDuties: _____
Reason for Leaving: _____
Is it OK to contact employer YES ____ NO ____
If NO, Please provide details: _____

➤ Company: _____
Street Address: _____
City / State: _____ Zip: _____
Start Date: ____/____/____ End Date: ____/____/____
Supervisor: _____ Phone: (____) _____
Your Position/Title: _____
JobDuties: _____
Reason for Leaving: _____
Is it OK to contact employer YES ____ NO ____
If NO, Please provide details: _____

➤ Company: _____
Street Address: _____
City / State: _____ Zip: _____
Start Date: ____/____/____ End Date: ____/____/____
Supervisor: _____ Phone: (____) _____
Your Position/Title: _____
JobDuties: _____
Reason for Leaving: _____
Is it OK to contact employer YES ____ NO ____
If NO, Please provide details: _____

MY SIGNATURE BELOW CONFIRMS THE FOLLOWING:

- THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- I AUTHORIZE YOU TO CONFIRM ANY OF THE INFORMATION PROVIDED, OBTAIN EMPLOYMENT REFERENCES AND PERSONAL HISTORY, AND OBTAIN A CONSUMER REPORT WHICH MAY INCLUDE A CRIMINAL BACKGROUND, DMV AND/OR CREDIT CHECK INFORMATION. I ALSO AUTHORIZE YOU TO DISCLOSE ANY PERTINENT INFORMATION CONCERNING ME TO OTHERS ONLY AS A NEED TO KNOW BASIS. FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY LIABILITY THAT MAY RESULT FROM FURNISHING SUCH INFORMATION AS WELL AS THE USE OR DISCLOSURE OF SUCH INFORMATION BY YOU.
- ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OF WORK OR MY DISMISSAL FROM EMPLOYMENT IF I AM HIRED.
- I AGREE THAT THE EMPLOYMENT RELATIONSHIP CAN BE TERMINATED AT WILL, EITHER BY ME OR BY YOU, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME.
- I UNDERSTAND THAT ANY USE OF DRUGS OR ALCOHOL IN THE WORKPLACE IS PROHIBITED AND THAT ANY VIOLATION WILL RESULT IN IMMEDIATE TERMINATION.
- I UNDERSTAND THAT RACIAL COMMENTS AND GENERAL HARRASSMENT MAY LEAD TO IMMEDIATE TERMINATION
- I UNDERSTAND THAT SEXUAL HARRASSMENT IS NOT TOLERATED AND MAY LEAD TO IMMEDIATE TERMINATION.

APPLICANT SIGNATURE: _____ **DATE:** ____ / ____ / ____

Site Manager MUST complete

For Site Manager Use Only

Applicant Interview Date: ____/____/____	Applicant Possible Start Date: ____/____/____
Requested Employment Status: <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time	
Applicant Position/Title: _____	Site Manager Signature: _____