



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: _____