



**Personal Information** 

**NORTHERN ROCKIES** 

REV 05/2013

VOLUNTEERS OF AMERICA NORTHERN ROCKIES IS AN EQUAL OPPORTUNITY EMPLOYER.

Applicants are considered for employment positions without regard to race, religion, creed, gender, national origin, age disability, marital, veteran or any other legally protected status.

Prior to employment, an applicant must successfully complete a background check and a drug screen.

No application will considered unless all information requested on this form is completed in full.

Print Name Exactly as it appears on Social Security Card:				Date of Application:				
Address:		City:		State:		Zip Code:		
Personal Email Address:		Telephone No:		Alternate Telephone No:				
Eligibility								
		st 21 years of age? Do you have any				explain:		
employment in the U.S.? YES NO	YES NO		misdemeanor convictions?  YES  NO					
Have you served in the U.S.	Branch of serv	vice:	Discharge date:		Are you in the Reserves?			
Military?	'				YES	NO		
YES NO								
Intent and Ausilability								
Intent and Availability								
Name of the position you are applying for:		Salary Requested:		Date	Date Available for work:			
What type of position are you seeking? PERMANENT: FULL TIME:		What hours are you able to work? DAYS: EVENINGS:		If hir	If hired, what date can you begin working?			
TEMPORARY: PART TIME: Have you applied or worked for VOA before?		WEEKENDS:  Are you related to a current or former VOA		How	How did you learn about VOA?			
YES NO WHEN?		Employee? YES NO			Job Service Newspaper			
				Frie	Friend Other			
Employment Information								
Are you currently employed?		May we contact your current employer? YES NO		Are	Are you willing to travel if the job requires it?			
YES NO		iob? YES			YES NO			
Have you ever been terminated or asked to leave any job? YES NO IF YES, WHEN?  Please explain:								
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Special Skills and Qualifications								
Summarize special skills and qualifications acquired from employment or other experience:								

Work History						
Employer:	Job Title:		Dates of Employment:	Reason for Leaving:		
Address:	Name of Sup	pervisor:				
Phone Number:	Ending Pay F	Rate:				
Briefly describe the work you performe	d:			,		
Work History						
Employer:	Job Title:		Dates of Employment:	Reason for Leaving:		
Address:	Name of Supervisor:					
	Ending Pay Rate:					
Phone Number: Briefly describe the work you performe	I .	tate.				
Work History	ī					
Employer:	Job Title:		Dates of Employment:	Reason for Leaving:		
Address:	Name of Sup	pervisor:				
Phone Number:	Ending Pay F	Rate:				
Briefly describe the work you performe	d:					
Work History						
Employer:	Job Title:		Dates of Employment:	Reason for Leaving:		
Address:	Name of Sup	pervisor:				
Phone Number:	Ending Pay F	Rate:				
Briefly describe the work you performe	d:					
Education						
Name of High School:		Name of College/University:		Name of Technical/Trade School:		
Current Student: YES NO	-		NO	Current Student: YES NO		
Diploma Received? YES NO GED Received? YES NO		Diploma Received? YES Type of Degree:	S NO	Diploma Received? YES NO Type of Degree or Certificate:		
Describe course of study:		Describe course of study:		Describe course of study:		
References: List three references, to	whom you are	e not related, who are willin	g to provide professional ar	nd character references.		
Name:		Occupation:		Years of Acquaintance:		
Address:						
Phone Number:						
Name:		Occupation:		Years of Acquaintance:		
Address:						
Phone Number:						
Name:		Occupation:		Years of Acquaintance:		
Address:						
Phone Number:						

## Applicant's Statement—PLEASE READ CAREFULLY

My signature below certifies that this application was completed by me and that all entries on it and the information in it are true and complete to the best of my knowledge. I understand that if I provide false or misleading information or willfully omit information in this application for employment, on my resume, during my interview or during my employment if hired, I may be denied employment or subject to discipline, up to and including termination of employment.

I authorize VOANR to investigate and verify all statements contained in this application for employment and in all data that I provide to VOANR. I authorize all schools, individuals and employers named in this application for employment, except my current employer if noted, to provide information requested about me. I hereby release from liability VOANR and its representatives for seeking such information about me.

I acknowledge and agree that unless otherwise defined by applicable law, any employment relationship with Volunteers of America Northern Rockies is of an "at will" nature. This means that either myself or VOANR may terminate my employment at any time, for any reason or for no reason, with or without cause or notice. I understand that nothing in this application for employment or in the granting of any interview or any offer of employment creates a contract of employment or provides any benefit unless a specific document to that effect is executed by the President/CEO of Volunteers of America Northern Rockies.

I understand that to be employed by VOANR I must be authorized to work in the United States and must provide documents to establish my eligibility to do so.

Further, I understand that if I am employed, I will be required to abide by all rules, regulations, policies and procedures of Volunteers of America Northern Rockies.

Signature of Applicant	Date

I understand that VOANR has a policy prohibiting the use of drugs and alcohol while on the job. I also understand that VOANR conducts drug and alcohol testing, including pre-employment testing and random testing during the course of employment. I agree to be tested in accordance with VOANR's policy and I understand that compliance with this policy is a condition of employment.

Signature of Applicant	Date