

Vinson Hall Corporation & NMCGRF
6251 Old Dominion Drive, McLean, VA 22101
703-538-4344

Application for Employment
An Equal Opportunity Employer

PLEASE PRINT

Position Applied For _____ Date of Application _____

Referral Source: Advertisement/ Relative/ Website/Walk-In/Other _____

Name of Referral Source (If Referred by an Employee) _____

Desired rate of pay _____ per hour/ per annum

Name _____
Last First Middle

Social Security Number _____

Address _____
Street City
State Zip Code

Telephone Number: (_____) _____ Cell Phone Number: (_____) _____
Area Code Area Code

If necessary, best time to call you at home is _____
Time Am/Pm

May we contact you at work? Yes No

If yes, work number and best time to call _____
Time Am/Pm

If you are under 18, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No

If yes, give dates. _____ to _____

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

Date available for work _____ / _____ / _____

Type of employment desired: Full Time Part Time PRN Pool

Are you on lay-off and subject to recall? Yes No

What shift are you applying for? First Choice _____ Second Choice _____

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

Would you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a crime other than a minor traffic violation? Yes No

(Do not include convictions or guilty pleas that were sealed, eradicated, impounded, annulled by a court of law or expunged.)

If YES, please explain the reason, when and where:

(Conviction of a crime will not necessarily bar you from employment. The nature and date of conviction will be considered.)

Driver's license number (if required by job) _____ State _____

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer #1:		Contact Number:
Dates Employed:	To:	From:
Address:		
City:	State:	Zip Code:
Job Title:	Starting hourly rate/salary\$	Ending hourly rate/salary\$
Immediate Supervisor and Title:		
Reason for Leaving:		
Summarize the nature of work performed and job responsibilities:		
May we contact for a reference:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employer #2:		Contact Number:
Dates Employed:	To:	From:
Address:		
City:	State:	Zip Code:
Job Title:	Starting hourly rate/salary\$	Ending hourly rate/salary\$
Immediate Supervisor and Title:		
Reason for Leaving:		
Summarize the nature of work performed and job responsibilities:		
May we contact for a reference:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later

Employer #3:		Contact Number:
Dates Employed: To:	From:	
Address:		
City:	State:	Zip Code:
Job Title:	Starting hourly rate/salary\$	Ending hourly rate/salary\$
Immediate Supervisor and Title:		
Reason for Leaving:		
Summarize the nature of work performed and job responsibilities:		
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last three (3) schools attended, starting with last one B. List number of years completed. C. Indicate degree or diploma earned, if any

A. Name of the School	B. No Years Completed	C. Degree/Diploma

List any foreign language(s) other than English and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

List any Professional Certifications or licenses that you have obtained.

Type	Issued by	Date of Issue	Number

References

List name and telephone number of three business/work references.

Name	Personal/Business	Telephone	Years Known

List professional, trade, business, or civic associations and any offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, and awards. (You may exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

I certify that the information contained in this application is correct and without significant omission to the best of my knowledge. I understand that any omission or misrepresentation of material fact by me in this application will be sufficient cause for cancellation of this application and/or separation from employment from VHC. Furthermore, I understand that just as I am free to resign at any time, VHC reserves the right to terminate my employment at any time for any reason allowed by applicable law, with or without prior notice. I understand that no representative of VHC has the authority to make any assurances to the contrary. I further understand that this is an application of employment and that no employment contract (guarantee of employment) is being offered.

I understand that all information contained on this application is subject to verification. All offers of employment are contingent upon successful completion of criminal background check and reference checks.

I give VHC the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability VHC and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

VHC is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from VHC and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if hired I will be required to complete an Employment Eligibility Verification Form, and within three days show satisfactory evidence of my identity and eligibility for employment.

I understand that should I be hired by VHC and be issued any items that upon my separation/termination I will be required to return any issued items.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head or administrator of this institution.

If for any reason my availability status changes it is my responsibility to notify VHC. I have read and understood the above.

Signature of Applicant _____ **Date** _____

Emergency Contact _____ **Phone (_____)** _____

Relationship _____