



Application for Employment

Please print or type all information except signature.

Non-Discrimination Policy: Victual is committed to the principle of equal opportunity in employment. We do not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, veteran status, disability, status with regard to public assistance, and any other status protected by law.

GENERAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number:	
Street Address	City/State	Zip Code	Phone Number:	
Email Address				
If hired, can you provide evidence of legal eligibility to work in the U.S.?			Yes	No
Position Desired:	Wage/Salary Desired:		Full Time Part Time Seasonal	
Date you can begin work:	Are you 18 years of age or older? Yes No		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.	
Name of high school attended:	City/State		Graduate?	GED?
Name of college or technical school:	City/State	Graduate?	Degree?	Major:
Are you presently enrolled in school?	If yes, give name & address of school and expected degree date:			
List any job-related skills or accomplishments, including military service:				

YOUR AVAILABILITY FOR WORK

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?						

REFERENCES

Provide Three References Who Are Not Former Employers Who We May Contact

Name and Occupation	How do you know them, and for how long?	Phone Number

EMPLOYMENT HISTORY

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position?		Yes	No
Name of Employer:	Job Title:		
Address:	Duties:		
City, State, Zip Code	Dates of Employment: From: _____ To: _____		
Supervisor:	Hourly pay or salary: Starting pay:	Hourly Ending pay:	Salary
Telephone:	Reason for Leaving:		

Name of Employer:	Job Title:		
Address:	Duties:		
City, State, Zip Code	Dates of Employment: From: _____ To: _____		
Supervisor:	Hourly pay or salary: Starting pay:	Hourly Ending pay:	Salary
Telephone:	Reason for Leaving:		

Name of Employer:	Job Title:		
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City, State, Zip Code	Dates of Employment: From: _____ To: _____		
Supervisor:	Hourly pay or salary: Starting pay:	Hourly Ending pay:	Salary
Telephone:	Reason for Leaving:		

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date