

VALUE ADDED PRODUCTS EMPLOYMENT APPLICATION

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Date _____

Personal Information

Social Security Number _____

NAME

Last

First

Middle

PRESENT ADDRESS

Street

City

State

Zip

PERMANENT ADDRESS

Street

City

State

Zip

Phone () _____
area code

Are You 18 years or older YES NO
circle one

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? YES NO
circle one

Employment Desired

Position _____ Date You Can Start _____ Salary Desired _____

Shift 1st 2nd 3rd _____
circle all that apply

Are You Employed Now? YES NO
circle one

Have you ever applied with V.A.P. before? Yes No If so, when? _____
circle one

How were you referred to Value Added Products? _____

Education	Name and Address of School	Number of years attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or correspondence school				

Special Skills

U.S. Military or Naval Service	Rank	Are you a member of the National Guard or Reserves?
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This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.