

APPLICATION FOR EMPLOYMENT

VARC, Inc. 1133 Nelson Parkway, Viroqua, WI 54665 (608) 637-3934

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

			DATE _____	
			SOCIAL SECURITY NUMBER _____	
NAME				
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET	CITY	STATE	ZIP	
PERMANENT ADDRESS				
STREET	CITY	STATE	ZIP	
PHONE (daytime): _____	PHONE(evenings): _____	ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? (proof of eligibility will be required upon employment)			YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYMENT DESIRED

				DATE YOU CAN START: _____
POSITION APPLYING FOR			SALARY DESIRED: _____	
ARE YOU AVAILABLE TO WORK:	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	SHIFT WORK <input type="checkbox"/>	AS NEEDED <input type="checkbox"/>
INDICATE WHAT DAYS AND HOURS YOUR ARE GENERALLY AVAILABLE TO WORK:				
Monday _____	Tuesday _____	Wednesday _____	Thursday _____	
Friday _____	Saturday _____	Sunday _____		
Do you have a valid drivers license?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have reliable transportation?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>		

If applying for a Residential Assistant Position, Answer these three questions.

How far are you willing to travel to a client's home? _____

Would you be willing to work overnights occasionally? YES NO

Will you be working at other employment while working for VARC? YES NO If yes, how many hrs: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

U.S. MILITARY OR NAVAL SERVICES	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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GENERAL: PROVIDE SKILLS AND EXPERIENCE APPLICABLE TO THE POSITION YOU ARE APPLYING FOR, SUCH AS SUBJECTS STUDIED, CERTIFICATIONS, LICENSES, SPECIALIZED SKILLS, RELATED EXPERIENCE, CIVIC AND/OR ATHLETIC ACTIVITIES, ETC.
(exclude organizations of which the name indicates the race, creed, sex, age, marital status, color or national origin of its members)

FORMER EMPLOYERS (LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST EMPLOYER FIRST).

EVER EMPLOYED BY VARC BEFORE?	POSTION HELD:	WHEN:
EMPLOYER NAME	DATES EMPLOYED START DATE:	END DATE:
ADDRESS	HOURLY RATE:	
TELEPHONE NUMBER	MAY WE CONTACT THIS EMPLOYER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
POSITION HELD	NAME YOU USED THEN, IF DIFFERENT	
WORK PERFORMED	REASON FOR LEAVING	
EMPLOYER NAME	DATES EMPLOYED START DATE:	END DATE:
ADDRESS	HOURLY RATE:	
TELEPHONE NUMBER	MAY WE CONTACT THIS EMPLOYER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
POSITION HELD	NAME YOU USED THEN, IF DIFFERENT	
WORK PERFORMED	REASON FOR LEAVING	
EMPLOYER NAME	DATES EMPLOYED START DATE:	END DATE:
ADDRESS	HOURLY RATE:	
TELEPHONE NUMBER	MAY WE CONTACT THIS EMPLOYER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
POSITION HELD	NAME YOU USED THEN, IF DIFFERENT	
WORK PERFORMED	REASON FOR LEAVING	

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME and ADDRESS (and BUSINESS NAME IF APPLICABLE)	PHONE #	YEARS ACQUAINTED

HOW DID YOU LEARN ABOUT THIS POSITION? NEWSPAPER RADIO JOBNET OTHER _____

NOTICE TO APPLICANTS: The authorization below may be photocopied and sent to previous employers for the purpose of obtaining information regarding previous employment.

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH VERNON AREA REHABILITATION CENTER, INC.

I certify that answers herein are true and complete; furthermore, I understand that misrepresentation or omission of facts in this application or during an interview(s) will be cause for cancellation of consideration for employment or dismissal if employed.

I authorize an inquiry to be made on the information contained in this application, and I understand for some positions this may include a thorough background investigation. Upon written request, the nature and scope of this inquiry will be made available to me. Former employers and references named herein are authorized to give information regarding me. They are hereby released from all liability for furnishing such information to Vernon Area Rehabilitation Center, Inc..

I understand that employment is contingent upon a favorable evaluation and/or results of any pre-employment requirements necessary to perform the position applied for. This may include reference checks, criminal background check, a health evaluation form, medical examination, alcohol and controlled substances testing, skills testing, aptitude testing, verification of employment, or other assessment determined necessary.

This application for employment shall be considered active for the period of time the position applied for is vacant. Any applicant wishing to be considered for employment beyond this time period should reapply.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

DATE:

APPLICANT SIGNATURE: