



# APPLICATION for EMPLOYMENT

*\*Effective April 22, 2010, VCRS is proud to be Tobacco-free – no chewing or smoking allowed in buildings or on the grounds \**

Position(s) applying for: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations: YES / NO

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

\_\_\_\_\_

## Employment History

(Attach separate page if more space is needed)

Name of Employer	Dates of Employment	Supervisor's name & phone number	Reason for leaving

Please explain any gaps in employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Education

Circle grade completed	Skills/Qualification/Licenses
High School      9 10 11 12	
College            1 2 3 4	
Other (Technical Schooling, etc)	

Do you recycle: Yes/No      If not, please explain why not: \_\_\_\_\_

\_\_\_\_\_

Reason for applying for this position:

\_\_\_\_\_  
\_\_\_\_\_

## References

1. \_\_\_\_\_      \_\_\_\_\_      *personal or professional*  
    name                      daytime phone number
2. \_\_\_\_\_      \_\_\_\_\_      *personal or professional*  
    name                      daytime phone number
3. \_\_\_\_\_      \_\_\_\_\_      *personal or professional*  
    name                      daytime phone number