



VETERANS OF FOREIGN WARS OF THE UNITED STATES

APPLICATION FOR EMPLOYMENT An Equal Employment Opportunity Employer

READ BEFORE COMPLETING APPLICATION

All information requested must be completed and be true and accurate. Incomplete applications or applications containing untruthful, unverified or inaccurate information will void the application from consideration, and if the applicant is hired, such inaccurate information will result in immediate termination of employment.

VFW is in the business of dealing with the members, public, and other business and public professionals. Individuals and employees may have access to the property and confidential records or data of VFW, members and others. All applicants will be subject to background checks, reference checks, including law enforcement records regarding any criminal background and credit checks. Applicants may be required to provide additional waivers for background checks provided by outside agencies prior to consideration for employment. Further, any applicant who is offered a position may be subject to drug and alcohol screening and physical examination at the expense of VFW.

(PLEASE PRINT)

Date of Application: _____

Name: _____
First Middle Last

Address: _____ **Home Telephone:** () _____ - _____
Street Address (including Apt. No.)

_____ **Mobile Phone:** () _____ - _____
City, State Zip Code

POSITION
APPLIED FOR: _____ **Email Address:** _____

Earliest date available to begin employment: _____

Are you currently employed? ___Yes ___No

Have you ever been employed at VFW?
___Yes ___No

May we contact your current employer?
___ Yes ___ No

If "yes", give dates of employment _____

If "no", explain the reason why: _____

Have you previously applied for employment with VFW? ___ Yes ___ No

Are you in a lay-off or other leave status, subject to recall or reinstatement? ___ Yes ___ No

Are you prevented from lawfully becoming employed in the United States, because of Visa or Immigration status? ___ Yes ___ No

(Proof of citizenship or immigration status will be required)

VFW provides service to members and the organization, as needed. Reliability and availability are important considerations for all jobs. If you have any questions about the potential schedules for the job being applied for, or the essential functions of the job, please ask for any explanations or general job descriptions prior to answering the following questions on work availability and ability.

Are you available to work full-time (40 hours/week)? Yes No

Are you available to work overtime hours (in excess of 40 hours/week)? Yes No

Are you willing to travel? Yes No

Are you employed in another job that you intend to keep if hired at VFW? Yes No

If, "yes," please identify the employer, the nature of the work and the schedule involved: _____

Are you capable of performing the essential functions of the position applied for, with or without reasonable accommodation? Yes No

Are you related by blood, marriage, social union, adoption or other close living arrangement (past or present) with an employee of VFW? Yes No

If the response is "yes" please identify the name of the employee(s) and your relationship

(Identification of a relationship will not necessarily disqualify the applicant for employment)

Military Service: If you have served in the United States Armed Forces, including the National Guard or Reserve Component, please complete this section:

Branch of service: _____ Place of Enlistment: _____ Date: _____

Highest Rank: _____ Date of Discharge: _____ Type of Discharge: _____

Place of Discharge: _____ Present Military or Reserve Status: _____

Overseas Campaigns (name/place/dates): _____

Decorations or Service Medals: _____

Are you a member of VFW? Yes No If, "yes," please give Post Number: _____

Employment: [Employment history must show employment for at least the past 10 years or last four employers, whichever is a greater length of time. The reason for any gaps in employment, exceeding 30 days, must be shown in the employment history. If you need additional space, ask for a supplemental sheet and place your name and current date on the supplement.]

Employer Name:		Job Title:	
Address:		Name of Supervisor/Contact:	
Start Date (mm/yyyy):	End Date (mm/yyyy):	Phone Number:	Email Address:
Reason for Leaving:			
Duties:			

Employer Name:		Job Title:	
Address:		Name of Supervisor/Contact:	
Start Date (mm/yyyy):	End Date (mm/yyyy):	Phone Number:	Email Address:
Reason for Leaving:			
Duties:			

Employer Name:		Job Title:	
Address:		Name of Supervisor/Contact:	
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Duties:			

Employer Name:		Job Title:	
Address:		Name of Supervisor/Contact:	
Start Date (mm/yyyy):	End Date (mm/yyyy):	Phone Number:	Email Address:
Reason for Leaving:			
Duties:			

References: [References must not be relatives or former employers and each reference must have known you for at least two years]

	Name	Telephone #	Email Address	Occupation
1		()		
2		()		
3		()		

Education:

High School last attended: _____

Did you graduate from High School? ___ Yes ___ No, **or** receive a GED? ___ Yes ___ No

Please list every college, university or technical school you attended:

<u>Name of Institution</u>	_____	_____	_____
<u>City and State</u>	_____	_____	_____
<u>Subject/Major</u>	_____	_____	_____
<u>No. of Years Attended</u>	_____	_____	_____
<u>Did You Graduate</u>	_____	_____	_____
<u>Degree/Certificate Obtained</u>	_____	_____	_____

Other Skills, Education & Training:

Provide the details of any specialized job skills, certifications, either through additional education or training through job-related experience, civic involvement or other qualifications. (For example: include computer knowledge and skill level in Microsoft Office programs, knowledge of specific office equipment, special licenses, languages, accounting, management experience, communication/presentation skills.)

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and any resume, submitted) is true and complete to the best of my knowledge. I also agree that falsified or misleading information or significant omissions will disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in the application (and any resume) to provide any relevant information that may be required to arrive at an employment decision, and release all parties from all liability for any damage that may result from furnishing such information.

I understand that if a job offer is made, a background check will be conducted and a medical examination may be requested for employment or continuation of employment; and that I may be requested to submit to testing for drug or alcohol use both prior to hire and during employment.

This application is not a contract for employment and cannot create a contract. I understand that if I am hired, my employment can be terminated with or without cause or reason, at any time at the discretion of either the Veterans of Foreign Wars or myself.

Applicant's Signature: _____ **Date:** _____
