



Employment Application

To submit your application, email your resume, cover letter, and completed application to HR@vetricommunity.org.

PERSONAL INFORMATION

First Name

Last Name

Email Address

Phone Number

Street Address

City

State

Zip
Code

Are you 18 years of
age or older?

Yes

No

Are you authorized
to work in the U.S.?

Yes

No

*If applying for a
Mobile Teaching
Kitchen position:

Do you have a valid
drivers' license?

Yes

No

APPLICATION INFORMATION

Which position are you applying for?

What is your desired rate of pay?

How did you learn about this opening?

What is your availability?

Weekdays

Weekends

Evenings

Have you previously applied to work for
VCP?

Yes

No

If yes, which position?

WORK EXPERIENCE

Please list previous employment, beginning with your most recent position. If necessary, please include additional employers on an attached resume.

Employer		Employer City and State
Position(s) Held		Dates worked (mm/yyyy - mm/yyyy)
Supervisor Name	Supervisor Title	Supervisor Contact Information
May we contact this employer?	If no, why not?	Reason for Leaving
Yes		
No		

Employer		Employer City and State
Position(s) Held		Dates worked (mm/yyyy - mm/yyyy)
Supervisor Name	Supervisor Title	Supervisor Contact Information
May we contact this employer?	If no, why not?	Reason for Leaving
Yes		
No		

Employer		Employer City and State
Position(s) Held		Dates worked (mm/yyyy - mm/yyyy)
Supervisor Name	Supervisor Title	Supervisor Contact Information
May we contact this employer?	If no, why not?	Reason for Leaving
Yes		
No		

EDUCATION AND SKILLS

Highest level of education completed:

Most recent school attended:

Degree(s) or main courses of study:

Please rate your proficiency in using the following programs:

	Advanced	Proficient	Basic Understanding	No Experience	Not Relevant for Position
Microsoft Word					
Microsoft Excel					
Microsoft Outlook					
Microsoft SharePoint					
Adobe Photoshop					
Adobe InDesign					
Adobe Illustrator					
Salsa / Donor Pro					
Intuit QuickBooks					

Additional technical skills:

Other experience relevant to position:

PROFESSIONAL REFERENCES

Full Name

Company and Title

Email Address

Phone

Full Name

Company and Title

Email Address

Phone

Full Name

Company and Title

Email Address

Phone

AUTHORIZATION AND ACKNOWLEDGEMENTS

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate Signature

Date