Virginia Varsity Transfer

Employment Application

Virginia Varsity Transfer is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information									
Full Name:		Final		Date:					
Address:	Street Address	First		M.I.					
	Street Address								
	City			State		Zip Code			
Phone:				Email:					
Are you 18	years of age or old	er?							
Position Ap	oplied For:		Тур	e of work desired	d: Full-time 🗆 F	Part-time Sum	nmer 🗆		
How did yo	ou hear about this po	osition?							
Have you e	ever worked for this	company?	If ye	es, when?					
What date	can you start workir	ng if you are hired	?						
Are you av	ailable to work anyt	me?	If no	o, please list the	times that you a	re available to wo	ork below		
Days and	Times Available for		T						
Start End	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
	are you available to	work overtime?				1			
	are you available to								
	ve reliable transport								
Are you a	citizen of the United	States?	If no	o, are you author	ized to work in th	ne U.S.?			
•	quires frequent hea		•				nctions without		
If no, is the	ere any reasonable a								
	peen discharged from	m employment or	been given the	option of submitt	ing a resignatior	from employme			
	iarged in the last se ise describe:	veii yeais?							

Education						
High School:		Address:				
From:	To:	Did you graduate?	YES	NO	Diploma	:
College:		Address:				
From:	To:	Did you graduate?	YES	NO	Degree	:
Other:		Address:				
From:	To:	Did you graduate?	YES	NO	Degree	:
		Previous Er	nploy	ment		
Company:						Phone:
Address:						Supervisor:
Job Title:	Starting Salary: \$ Ending Salary:					Ending Salary:
Responsibilities:						
From:	To:		Reaso	on for Le	eaving:	
May we contact your	previous superviso	or for a reference?	YES	_	NO	
Company:						Phone:
Address:						Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$					Ending Salary: <u>\$</u>
Responsibilities:						
From:	To:		Reaso	on for Le	eaving:	
May we contact your	previous superviso	or for a reference?	YES	_	NO 	
Company:						Phone:
Address:						Supervisor:
Job Title:	Starting Salary:\$					Ending Salary:\$
Responsibilities:						
From:	To:		Reaso	on for Le	eaving:	
May we contact your	previous superviso	or for a reference?	YES		NO	

Applicant's Acknowledgment

I certify the information given by me in this application is true and complete in all respects and understand any falsification or omission shall be sufficient cause for separation from or refusal of employment.

I certify that I am eligible under all state and federal laws to accept employment.

I authorize Virginia Varsity Transfer, Inc. to obtain information concerning my background, employment, and qualifications from governmental agencies, past or present employers, academic institutions, and any listed or developed personal reference.

I authorize my former employers, and persons listed as references on this application to furnish any information concerning my personal character, habits, and employment record, and I release all such persons from any liability or damages incurred as a result of inquiry and furnishing this information.

If employed, I may terminate my employment at any time without notice or cause, and Virginia Varsity Transfer, Inc. may terminate or modify the relationship at any time without notice or cause. I understand that my employment is for no definite period of time and is terminable at-will. If terminated, Virginia Varsity Transfer, Inc. is liable only for wages or salary earned as of the date of termination. In consideration of my employment, I agree to conform to the policies and procedures of Virginia Varsity Transfer, Inc. and understand that no representative of Virginia Varsity Transfer, Inc., other than a President, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to this agreement.

I have read this and understand this agreement and certify the information I have provided in my employment application is true and complete. I further understand that if I provided any false information, I will be ineligible for employment and/or separated from employment.

Signature:	Date:	