



## Employment Application

We value diversity and consider qualified applicants for all assignments and seasonal positions without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, marital status, pregnancy and/ or any other federal, state, or local statute that addresses employment practices.

Instructions: Fill in all information requested, even if attaching a resume.

Last Name		First Name		Middle Name
Address		City	State	Zip Code
Telephone N°: daytime		Evening		
Email		Social Security Number		
Position applying for: _____		Minimum Salary Requirements: _____		
Employment desired:		Fulltime <input type="checkbox"/>	Part-time <input type="checkbox"/>	Seasonal/Temporary <input type="checkbox"/>
		Internship <input type="checkbox"/>		
How did you hear about us?				
Referral: name of Organization/Website/Other: _____				
If not a U.S Citizen, are you lawfully permitted to be employed in the United States?..... Yes <input type="checkbox"/>				
No <input type="checkbox"/>				
If you are under 18 years of age, can you provide required work permits?..... Yes <input type="checkbox"/>				
No <input type="checkbox"/>				
Have you ever been employed with us before?..... Yes <input type="checkbox"/>				
No <input type="checkbox"/>				
If yes, give dates: _____				
Do you presently have any relatives working for VisualScape?..... Yes <input type="checkbox"/>				
No <input type="checkbox"/>				
If yes, please state name & relationship to you: _____				
With or without accommodation, are you able to perform the essential job functions of the position for which you are applying?..... Yes <input type="checkbox"/>				
No <input type="checkbox"/>				
Please indicate any foreing language you can speak, read and/or write: _____				



## Employment Experience

Start with your present or most recent employment

Employment Dates Month/Year	Place of Employment	Salary	Position/Type of Work
From:	Name:	Start:	
	Phone:		
To:	Address:	Final:	Type of Business:
Reason for Leaving:			Supervisor's Name:
Employment Dates Month/Year	Place of Employment	Salary	Position/Type of Work
From:	Name:	Start:	
	Phone:		
To:	Address:	Final:	Type of Business:
Reason for Leaving:			Supervisor's Name:
Employment Dates Month/Year	Place of Employment	Salary	Position/Type of Work
From:	Name:	Start:	
	Phone:		
To:	Address:	Final:	Type of Business:
Reason for Leaving:			Supervisor's Name:

Have you ever been discharged or requested to resign from a position?..... Yes  No   
 If yes, please explain: \_\_\_\_\_

**May we contact your present or previous employer(s).....** Yes  No

Have you held a position requiring trust (ex. Handling money, confidential information,etc)?..... Yes  No   
 If yes, please explain: \_\_\_\_\_



## Employment Experience

### EDUCATION

	Name & Location	Years Completed	Degree Earned	Course of study
High School				
College				
Graduate School				
Other				

### PROFESSIONAL CERTIFICATIONS

Please indicate the Professional Certification you have or are in the process of completing

Type:	Date Completed:	Other:
Type:	Date Completed:	Other:

### REFERENCES

Provide references that are not relatives or friends-please provide names of at least 2 direct supervisors for whom you worked with:

Name	Telephone (Daytime, Evening & Cell #'s if possible)	Title	Years Known

Have you ever been convicted of any serious misdemeanor, felony or pleaded nolo contendere, had adjudication withheld, but not limited to any criminal offense?..... Yes  No

Note: Answering "Yes" to the question above does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.



## Certification & Agreement

Please read the following statements carefully before signing.

As part of VisualScape Inc. employment procedures, a routine background investigation may be made by an independent consumer- reporting agency. As part of this background investigation, I agree to the following, If requested:

- To have my credit record checked for employment purposes
- To have my driving record checked for employment purposes
- To have a criminal record history check
- To submit to a test for the presence of drugs, narcotics or alcohol
- To allow a verification of previous employment and personal references
- Provide copies of professional certifications, educational transcripts and/or degrees

I understand that these procedures could take place prior to, or at any time subsequent to my employment, while employed by VisualScape Inc.

If the background or any subsequent investigation discloses any misrepresentation or falsification on the application form or information indicating that I am not suited for employment with VisualScape Inc., I will be refused employment or if already employed, terminated.

I understand and agree that, if hired, my employment with VisualScape Inc. is AT WILL and for no definite period and I may be terminated at any time for any reason with or without notice (unless required by law). Please Initial Here: \_\_\_\_\_

### **Please Initial:**

\_\_\_\_\_ I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

\_\_\_\_\_ I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documents to verify their identity and their legal authorization to work in the U.S. Therefore, I understand that any offer of employment is contingent on my ability to produce the required documentation within the time period required by law. I also understand that if my immigration or work authorization status changes after I begin work so that I am no longer able to continue to work in the U.S., I will advise VisualScape Inc. Corporate Office immediately

Please note that applications for employment are considered to be active for a period of 6 months. After this period of time, it will be necessary for you to file a new application form if you still wish to be considered for employment at VisualScape Inc.

I hereby authorize, without reservation, any part or agency contacted by this employer to furnish the above-mentioned information and further authorize ongoing procurement of the above-mentioned reports at any time during my employment. Copies of this authorization are as valid as the original document.

I acknowledge that I have read and understand the above statements.

<u>Signature:</u>	<u>Print Name:</u>
<u>Social Security Number:</u>	<u>Date:</u>