

VERMONT COMPOSITES, INC.

Application for Employment An Equal Opportunity Employer

GENERAL INFORMATION (Please print)

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street or PO Box) (Town) (State) (Zip Code)

Physical Address: _____
(Street) (Town) (State) (Zip Code)

Telephone Number: _____

Referred by: _____ Are you a Veteran? Yes No

Position Desired: _____ Shift Desired: 1 2 3

Date Available To Start Work: _____

Ever been employed by this company before? _____ When? _____

Will you work overtime or weekends if required? Yes No

Are you legally authorized to be employed in the United States? Yes No

Have you ever been convicted of a felony crime? (Conviction of a felony will not necessarily disqualify you from consideration) _____

EDUCATION & TRAINING

(Name of last school attended) (Dates Attended)

(Address)

(Town) (State) (Zip Code)

Circle Last Year Completed:

Grade: 5 6 7 8 9 10 11 12 College: 1 2 3 4 5

List applicable courses, diplomas, degrees, licenses or certifications:

Other Training or Skills (include military): _____

EMPLOYMENT HISTORY

(Start with your most recent position and work back)

1. _____

(Name of Company)

(Address)

(Town) (State) (Zip Code) (Telephone)

(Name of Supervisor)

Your Job Title: _____

Duties: _____

Dates Employed: from _____ to _____
(month and year) (month and year)

Reason for Leaving: _____ Wage: _____

May we contact this employer? Yes No

EMPLOYMENT HISTORY

2. _____
(Name of Company)

(Address)

(Town) (State) (Zip Code) (Telephone)

(Name of Supervisor)

Your Job Title: _____
Duties: _____
Dates Employed: from _____ to _____
(month and year) (month and year)
Reason for Leaving: _____ Wage: _____
May we contact this employer? Yes No

3. _____
(Name of Company)

(Address)

(Town) (State) (Zip Code) (Telephone)

(Name of Supervisor)

Your Job Title: _____
Duties: _____
Dates Employed: from _____ to _____
(month and year) (month and year)
Reason for Leaving: _____ Wage: _____
May we contact this employer? Yes No

ADDITIONAL INFORMATION

List any other information including employment, volunteer and community work that might be helpful in determining your qualifications for the position:

PERSONAL REFERENCES

Name	Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I voluntarily give Vermont Composites, Inc. the right to make a thorough investigation of my previous employment, character and educational background. I release from all liabilities any persons, companies or corporations supplying such information. I certify that all statements made by me on this application are true and complete to the best of my knowledge and I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that if employed, any false statements on this application shall be sufficient cause for immediate termination of my employment. I agree to conform to the rules and regulations of the Company.

I understand and consent to that upon an offer of conditional employment, the Company will require me to undergo a physical examination and drug screening. I acknowledge and agree that Vermont Composites, Inc. reserves the right to use the results as a basis for denying me employment or continue employment as required by law.

I understand and acknowledge that my employment can be terminated at the option of either the Company or myself, at any time with or without cause or notice.

Voluntary and Confidential Affirmative Action Information

The following information is being requested for Government reporting purposes only. Vermont Composites, Inc. complies with government regulations including Affirmative Action obligations where they apply. Vermont Composites, Inc. will consider all positions for employment without regard to race, color, national origin, religion, sex, sexual orientation, age, physical or mental handicap, ancestry or status as a disabled veteran.

The following survey is considered confidential information that will not be used in any selection decision.

Date: _____

Name: _____
Last First MI

Address: _____
Street City state/ZIP

Telephone: (_____) _____

Position Applied for: _____

Gender: Male Female

Check one of the following race/ethnic groups:

Black or African American White Asian American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander Hispanic or Latino

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era and qualified handicapped individuals.

This information will be considered confidential and will not adversely affect your employment at Vermont Composites, Inc.

If you wish to be so identified, please check if any of the following are applicable:

____ Vietnam Era Veteran ____ Disabled Veteran ____ Handicapped Individual