



**Application for Employment**

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
Number/Street City State Zip

Phone Number \_\_\_\_\_ Social Security # \_\_\_\_\_

POSITION DESIRED? \_\_\_\_\_

Are you under 18 years of age?  Yes  No How were you referred? \_\_\_\_\_

Have you previously worked or applied for a job at Victory Programs, Inc.?  Yes  No

If you answered yes, when? \_\_\_\_\_

Do you have any relatives who work for Victory Programs? If so who \_\_\_\_\_

Date you are able to start: \_\_\_\_\_

Are you able to work all shifts?  Yes  No

If NO, when are you available to work? \_\_\_\_\_

**EDUCATION**

(Information sought solely to facilitate reference checks)

Dates Attended

From:	To:	Name of School	City/State	Courses Studied	Degree
		High School			
		Trade or Technical School			
		College/University			
		Other Courses/Schooling (including internships)			

<b>PROFESSIONAL LICENSES AND CERTIFICATES</b>
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License Type	License #	State	Expiration Date

Have you ever received any discipline or had your professional license denied, limited, revoked, suspended, or surrendered? If yes, give date and explain \_\_\_\_\_

If your position will require driving, do you have a valid driver's license?  Yes  No

Has your driver's license ever been suspended, revoked or otherwise limited?  Yes  No If yes give date and explain.

You must notify the company regarding any changes to the status of your driving or professional license(s) that occur during your employment.

Please list 3 work references with titles and telephone numbers.


Please use the following space to describe any job related skills or training not mentioned above.


To facilitate reference checks are you known to schools/references (prior employers) by another name?

Yes  No If so, what name? \_\_\_\_\_

<b>WORK HISTORY</b>
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From:	To:	Company Name/Address	Job Title	Weekly Pay	Reason for Leaving

If additional space is required, please use the other side of this application.



**MILITARY SERVICE**

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Discharge Date \_\_\_\_\_

Training or type of work done in Military Service \_\_\_\_\_

In case of emergency notify:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Please read carefully and sign the statement below:**

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize Victory Programs, Inc. to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application and release Victory Programs, Inc. from all liability with respect to such inquiries.

I understand that if employed, I will be an employee “at will” and may be terminated at any time, with or without cause, and without notice at the option of either Victory Programs, Inc. or myself. If I am employed, I agree to abide by the Company’s policies, rules, and procedures and any changes thereto.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

It is unlawful in MA to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.