

VILLAGE GREEN TOWNEHOUSES, INC. EMPLOYMENT APPLICATION

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

Date: _____

Personal Information:

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____

Email Address: _____

Social Security #: _____

Have you ever applied to / worked for VGT, Inc. before? [☐] Y or [☐] N

If yes, please explain (include date): _____

Do you have any friends or relatives working for VGT, Inc.? [☐] Y or [☐] N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? [☐] Y or [☐] N

Are you over the age of 18? [☐] Y or [☐] N

If you are under age 18, do you have an employment/age certificate? [☐] Y or [☐] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [☐] Y or [☐] N

Optional: Have you been convicted of or pleaded no contest to a felony within the last five years? [☐] Y or [☐] N

Optional: If yes, please describe the crime - state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case:

If hired, are you willing to submit to a controlled substance test? [☐] Y or [☐] N

Position and Availability

Position Applying For: _____

Desired Salary: \$_____

Are you applying for:

- Temporary work – such as summer or holiday work? [☐] Y or [☐] N
- Regular part-time work? [☐] Y or [☐] N
- Regular full-time work? [☐] Y or [☐] N

If applying for temporary work, indicate your desired length of employment below:

Start date: ____ / ____ / ____ End date: ____ / ____ / ____

Days/Hours Available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Hours Available: from _____ to _____

Are you available to work overtime and weekends if/as needed? [☐] Y or [☐] N

Are you available for “on-call” rotation? [☐] Y or [☐] N

If hired, on what date can you start working? ____ / ____ / ____

Are you able to perform the essential functions of the position for which you are applying, either with / without reasonable accommodation? [☐] Y or [☐] N

If no, describe the functions that cannot be performed:

Education, Training and Experience

High School:

School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____

Did you graduate? [☐] Y or [☐] N

Degree / Diploma earned: _____

College / University:

School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____

Did you graduate? [☐] Y or [☐] N

Degree / Diploma Earned: _____

Vocational School:

School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____

Did you graduate? [☐] Y or [☐] N

Degree / Diploma earned: _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/Duties: _____

Related Details: _____

Skills and Qualifications: Licenses, Relevant Skills, Training, Awards

Do you speak, write or understand English? [☐] Y or [☐] N

Do you speak, write or understand any non-English languages? If yes, list which languages(s) and how fluent you consider yourself to be: _____

Employment History

You should be prepared to detail each position for the past five years and account for any gaps in employment during that period.

Are you currently employed? [☐] Y or [☐] N

If you are currently employed, may we contact your current employer? [☐] Y or [☐] N

1. Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties: _____

Reason for Leaving: _____

2. Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [☐] Y or [☐] N

3. Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [☐] Y or [☐] N

4. Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [☐] Y or [☐] N

References

List below three persons who have knowledge of your work performance within the last four years. **Please include professional references only.**

First and Last Name: _____
Telephone Number: _____
Relationship: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

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Telephone Number: _____
Relationship: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

First and Last Name: _____
Telephone Number: _____
Relationship: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Certification

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that false statements, omissions or misrepresentations may result in my Application being disqualified for hiring consideration and/or if employment, dismissal from employment. I authorize VGT, Inc. to make an investigation of any of the facts set forth in this Application and release VGT, Inc. from any liability.

I acknowledge and understand that VGT, Inc. is an "at will" employer. Therefore, any employee (regular, temporary or any other type of category employee) may resign at any time. Furthermore, VGT, Inc. may terminate the employment relationship with any employee at any time, with or without cause.

I authorize the verification of any and all information listed above. In addition, I consent to a completion of a criminal background check and participation in a controlled substance screening.

Signature: _____ Date: _____