



Application for Employment - Form

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Please print

Application Information			Date of Application		
Last Name		Middle Initial	First Name		
Telephone Number		Email Address			
Address			City	State	Zip Code

Position Information			
How did you hear about the positions at Voyager Industries, Inc?			
<input type="checkbox"/> Employee Referral – Who?		<input type="checkbox"/> Advertisement – Specify	
<input type="checkbox"/> Staffing Agency		<input type="checkbox"/> Other – Specify	
What position(s) are you applying for?			
What is your desired salary?			
Have you applied for a position with us before?		<input type="checkbox"/> No	<input type="checkbox"/> Yes – Specify Date
Have you ever been employed with us before?		<input type="checkbox"/> No	<input type="checkbox"/> Yes – Specify Date
Are you available to work:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
Are you legally permitted to work in the United States?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<i>NOTE: Proof of eligibility will be required within three working days of employment.</i>			
Are you 18 years of age or older?		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Education				
School Name	Location	Years Completed	Degree/Major	Diploma/Degree?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
Other/Applicable Training				
Applicable Skills/Proficiencies				

References – Three professional references that can speak to workability.			
Name	Company & Position	Relationship	Phone Number



Application for Employment - Form

Employment History				
Employer Name	Position Held	Start Date	End Date	Eligible for Rehire
				<input type="checkbox"/> No <input type="checkbox"/> Yes
Supervisor Name		Reason for leaving		May we contact Employer?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
Job Duties & Responsibilities				
Employer Name	Position Held	Start Date	End Date	Eligible for Rehire
				<input type="checkbox"/> No <input type="checkbox"/> Yes
Supervisor Name		Reason for leaving		May we contact Employer?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
Job Duties & Responsibilities				
Employer Name	Position Held	Start Date	End Date	Eligible for Rehire
				<input type="checkbox"/> No <input type="checkbox"/> Yes
Supervisor Name		Reason for leaving		May we contact Employer?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
Job Duties & Responsibilities				

Applicant's Statement	
<p>I certify that the information provided in this application is true, to the best of my knowledge.</p> <p>I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all the rules and regulations of the Company as they develop and change.</p> <p>I allow the Company to conduct investigations on me, my background, and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me. I authorize all former employers and references to provide any information about me to the Company and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.</p> <p>I release Voyager Industries, Inc from liability for collecting information about me and using it to make employment decisions.</p> <p>If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.</p> <p>I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.</p> <p>This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.</p>	
Signature of Application	Date