



Team Member Application for Employment

PERSONAL INFORMATION

Full Name	First	MI	Last	<i>(You must produce your original Social Security Card upon hire)</i>
Address	Street Address		City, State	Zip Code
Phone Number			Alternate Phone	
Position Applied For				E-mail Address

What type of work will you accept? (check all that apply) ☐ Full-Time ☐ Part-Time ☐ Temporary (FT) ☐ Temporary (PT)

What days and hours are you available to work? _____

If offered a position with Viafield when are you available to start work? _____

Will you work overtime if asked? ☐ Yes ☐ No

Are you over 18? ☐ Yes ☐ No

Do you have the legal right to reside and work in the U.S.? ☐ Yes ☐ No *(Documentation is required upon hire)*

Do you have reliable transportation to work? ☐ Yes ☐ No

If a driver's license is required for the position for which you are applying, do you have one? ☐ Yes ☐ No

If a driver's license is required for the position for which you are applying, supply license # and expiration date: _____

Are you able to perform the essential functions of the job for which you have applied either with or without reasonable accommodation? ☐ Yes ☐ No

Have you ever been employed by Viafield? ☐ Yes ☐ No If so, when: _____

Do you have a friend or relative employed by Viafield? ☐ Yes ☐ No If so, who: _____

How did you learn of this opening? _____

EDUCATION AND SKILLS

	High School	Business/Vocational School	Undergraduate College	Graduate or Professional
School Name				
Dates of Enrollment (From/To)				
Location of School (City, State)				
Total Years Completed				
Major/Subject				
Diploma or Degree Received (Yes/No)				
Overall G.P.A.				

Describe any specialized training, apprenticeship, skills or activities relevant to the job for which you are applying: _____

Describe any honors, scholarships, award or special recognition that you have received: _____

List any professional or vocational certificates, licenses, or registrations that you currently hold or have held: _____

EMPLOYMENT HISTORY

Please do not merely attach or forward your resume. Viafield will consider for employment only those applicants who complete this application entirely. **Do not** write "see resume" on this section or anywhere on this application.

Please list previous employers in chronological order with the present or last employer first. Account for all periods of time including military service and any period of unemployment. If self-employed, give name of company and supply business references.

Company Name	From (Mo/Yr)	Starting Pay	Job Title
Street Address	To (Mo/Yr)	Ending Pay	Reason for Leaving
City State Zip	Supervisor	Phone #	
Job Duties and Responsibilities:			
Company Name	From (Mo/Yr)	Starting Pay	Job Title
Street Address	To (Mo/Yr)	Ending Pay	Reason for Leaving
City State Zip	Supervisor	Phone #	
Job Duties and Responsibilities:			
Company Name	From (Mo/Yr)	Starting Pay	Job Title
Street Address	To (Mo/Yr)	Ending Pay	Reason for Leaving
City State Zip	Supervisor	Phone #	
Job Duties and Responsibilities:			
Company Name	From (Mo/Yr)	Starting Pay	Job Title
Street Address	To (Mo/Yr)	Ending Pay	Reason for Leaving
City State Zip	Supervisor	Phone #	
Job Duties and Responsibilities:			

If more space is needed, please use supplemental employment history sheet.

BACKGROUND SPECIFICS

May we contact your present employer?

☐ Yes ☐ No

If no, please explain: _____

Have you ever been discharged or asked to resign from any job?

☐ Yes ☐ No

If yes, please explain: _____

Have you ever been reprimanded, suspended, or terminated for fighting or demonstrating any violent behavior on the job, whether or not it was your fault?

☐ Yes ☐ No

If yes, please explain: _____

Have you ever been reprimanded, suspended or terminated by any employer for any act of harassment, whether based upon gender, race, national origin or any other trait or characteristic?

☐ Yes ☐ No

If yes, please explain: _____

Please explain any gaps in your employment history: _____

Please explain why you feel you are fully qualified for this position. Include a brief explanation of the skills, qualifications, or other characteristics that will ensure you will be successful in this position?

Have you ever been convicted or pled no contest or nolo contendere to a felony?

☐ Yes ☐ No

Note: Answering "Yes" to the above questions does not constitute an automatic bar to employment. Each case will be determined on its own merits. Any relevant information turned up via that check that is not first disclosed by you will result in your application being rejected.

If you answered yes, please explain fully, including disposition: _____

REFERENCES

Providing professional references is the applicant's responsibility. Viafield will not consider for employment any person who does not provide the full name and current contact information of at least three professional references who can and will discuss the applicant's career accomplishments and suitability for the position sought.

Please list three professional references who have known you for a year or more:

	Name	Business Name	Phone Number	Address	City, State
1.					
2.					
3.					

AUTHORIZATION & RELEASE FOR REFERENCES

I understand that providing acceptable references is my responsibility and that Viafield may refuse to employ me if I do not provide current contact information for a suitable number of professional references who are both qualified to and willing to discuss with Viafield my experience and my qualifications for the position I am seeking.

I authorize each of the professional references provided by me, as well as any custodian of records at any former employer to release any information regarding my employment, experience and qualifications for the position being sought with Viafield. I hereby fully waive any rights or claims I have or may have against the aforementioned, and release them from any and all liability, claims or damages that may directly or indirectly result from the disclosure or release of such information, whether or not that information is favorable or unfavorable to me.

Print Name

Signature

Date

ACKNOWLEDGMENTS

I hereby certify that everything on this application and its accompanying documents [Background Inquiry Release, Authorization for Drug Test, Supplement Employment History (if applicable) and the Voluntary Equal Employment Opportunity Form (if voluntarily completed)], is true and complete and that I have omitted no material facts or information. I understand that regardless of when discovered, any misrepresentation, falsification or material omission of information on this Employment Application and its accompanying documents or in the interview process, will result in no offer of employment being extended to me, or an extended offer being rescinded or in the termination of my employment with Viafield, depending upon when the misrepresentation, falsification or material omission is discovered.

Qualified applicants are considered for open positions for which they apply without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, the presence of a medical condition or disability, or genetic information. Viafield complies with all applicable federal, state, and local laws with regard to equal employment opportunity. Advancement is based entirely on a team member's individual performance, job-related ability, skills, and knowledge and the resulting potential for promotion to the position opening applied for.

I understand that once employed by Viafield I will be required to immediately offer satisfactory documentary proof of my right to reside and work in the United States.

I understand that any offer of employment for a driving position from Viafield is conditional upon my passing a drug test.

I understand that my employment with Viafield will at all times be an "at will" relationship which can be ended by me or by Viafield, and any time, for any reason or for no reason, with or without notice.

I understand that only the President & Chief Executive Officer of Viafield can modify the "at will" nature of my employment relationship with Viafield and that such modification must be in writing and signed by the President & Chief Executive Officer of Viafield to have any force or effect.

I understand that I will be considered for employment with Viafield only if this application and the required accompanying documents are filled out in their entirety. I also understand that this application will be active for a maximum of thirty (30) days. If I wish to be considered for employment after that time, I must reapply.

Signature of Applicant

Date

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information _____	Was offered job _____	Was hired _____	Started job _____
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Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►**Title****Date**

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

**Learning about the law
or the form** 24 min.

**Preparing and sending this form
to the SWA** 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.