

Application for Employment



Vanguard Utility Service, Inc.
Phone (270) 926-4646 Fax (270) 926-6393
1421 West 9th Street, Owensboro KY 42301

We consider applications for all positions without regard to race, color, religion, creed gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For	Date:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk In
	<input type="checkbox"/> Relative
	<input type="checkbox"/> Other _____
Last Name	First Name
	Middle Name

Address Number Street	City
	State
	Zip
Telephone Number (s)	Social Security Number
	_ _ _ - - - _ _ - - _ _ - -

	YES	NO
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed an application with us before? If Yes Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If Yes Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we Contact your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)	<input type="checkbox"/>	<input type="checkbox"/>

On what date would you be available for work? _____

Are you able to work: Full Time Part Time Temporary Shift

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Education	Name and Address Of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/ write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Employment Experience

Start with your present or last job. Include any job –related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone #	Hourly Rate/ Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason For Leaving			
2 Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone #	Hourly Rate/ Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason For Leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone #	Hourly Rate/ Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason For Leaving			

Additional Information

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience

Specialized Skills	Check Skills/Equipment Operated		
<input type="checkbox"/> CRT	<input type="checkbox"/> Excel	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Windows	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Access	_____	_____
<input type="checkbox"/> Fax	<input type="checkbox"/> Outlook	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

Business References

1. Name _____	Phone _____
Address _____	
Relationship _____	
2. Name _____	Phone _____
Address _____	
Relationship _____	
3. Name _____	Phone _____
Address _____	
Relationship _____	

Applicant' Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Witness

Date