



Application for Employment

Updated: September 2017

Valley Educational Associates, Inc. [VEA] provides equal employment opportunities to all applicants, without regard to race, color, religion, sex, sexual orientation, gender identity or expression, national origin, genetic information, age, disability, or veteran status, in accordance with state and federal laws. VEA complies with applicable federal, state, and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall and transfer, leaves of absence, compensation, and training.

“It is unlawful in Massachusetts 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.”
MGL Ch.149, Section 19B

Contact Information

Name: _____ Date of Application: _____
LAST FIRST M.I

Address: _____ Phone: _____
NUMBER STREET CITY STATE ZIP

Have you submitted an application here before? Yes No if yes, date applied: _____

Have you ever been employed here before? Yes No if yes, dates employed: _____

Referral Source: Advertisement Friend Relative Walk-In On-Line Website
 Other: _____

Are you at least 18 years of age? Yes No

If you are under 18 years of age, can you furnish a work permit? Yes No

Can you provide proof that you are legally authorized to work in the United States? Yes No

Employment

Position applying for: _____ How soon can you start if a job offer is made? _____

Are you seeking full or part-time employment? Full-time Part-time Either

Are you currently employed? Yes No if yes, may we contact your current employer? Yes No

Work Experience

All applicants must complete this page even if they are also submitting a resume. Beginning with your most recent employment, work backwards and include any relevant work history. Your present employer will not be contacted without your permission. Any gaps in employment must be briefly explained.

Employer:	Phone:	Work Performed
Address:	Fax:	
Job Title:	Dates Employed	
Supervisor:	Start:	
Reason for Leaving:	End:	
	May we contact?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Phone:	Work Performed
Address:	Fax:	
Job Title:	Dates Employed	
Supervisor:	Start:	
Reason for Leaving:	End:	
	May we contact?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Phone:	Work Performed
Address:	Fax:	
Job Title:	Dates Employed	
Supervisor:	Start:	
Reason for Leaving:	End:	
	May we contact?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Phone:	Work Performed
Address:	Fax:	
Job Title:	Dates Employed	
Supervisor:	Start:	
Reason for Leaving:	End:	
	May we contact?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?

EDUCATION

Name of School	Location		Main Course of Study	Did you graduate?	Degree
	City	State			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATIONS & LICENSES

List any applicable professional licenses, registrations or certifications you possess:

License _____ License Number _____ Date Issued _____ Expiration Date _____

License _____ License Number _____ Date Issued _____ Expiration Date _____

License _____ License Number _____ Date Issued _____ Expiration Date _____

PROFESSIONAL REFERENCES: *List 3 people who are not related to you and who can comment on your work performance.*

Name	Address	Business	Phone Number	Years Known
1				
2				
3				

AVAILABILITY

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have dependable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide proof of a valid registration and valid auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

RELEASE AND CERTIFICATION

Please read before signing

I understand that the information contained within this form will be verified in order to expedite my application for employment with the Valley Educational Associates, Inc. I hereby authorize Valley Educational Associates, Inc. to conduct a full investigation into my employment history.

I authorize Valley Educational Associates, Inc. to contact the references I have provided above in order to obtain my previous employment records and character references. Furthermore, I grant authority to the keeper of these records to release said records to Valley Educational Associates, Inc. for the purpose of making its hiring decision, and I understand that all employment information shared by the above references may have an effect, positive or negative, on whether or not I am considered for the position for which I have applied. I agree that Valley Educational Associates, Inc. shall not be liable in any respect if a job offer is not extended, is withdrawn, or if my employment is terminated because of false statements, omissions, or answers made by me on this application.

I certify that all statements made by me on this application are true and complete to the best of my knowledge, and that I have withheld nothing which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application may result in my immediate dismissal.

I understand that, if hired, my employment is at-will and for no definite period, which means that both myself and Valley Educational Associates, Inc. are free to terminate the employment relationship at any time, for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant

Date

Printed Name