

FORMER EMPLOYERS (List below the last four employers, starting with the last one first)

<u>Date, Month and Year</u>	<u>Name and Address of Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

REFERENCES (Give the names of three persons not related to you, whom you have known at least one year)

<u>Name</u>	<u>Address and Phone Number</u>	<u>Business</u>	<u>Years Acquainted</u>
1.			
2.			
3.			

PHYSICAL RECORDS

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES NO

If Yes, what can be done to accommodate your limitation? Please Describe.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signature: _____

Date: _____

Vantage[®] Holding Company, LLC

11031 Perry Highway 18279 Conneaut Lake Road
Meadville, PA 16335

Vantage[®] Values

Below are five values that Vantage[®] uses within its companies. Beside each value, please explain how you can contribute to our company by using the value.

TRUTH: _____

MUTUAL RESPECT: _____

CREATIVITY: _____

FLEXIBILITY: _____

CUSTOMER SERVICE: _____

Authorization to Release Information

TO: (Prior Employer, School Attended, Police Record, etc.)

As an applicant for a position with Vantage[®], I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications. The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Print Your Name: _____ Date: _____

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Witness: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____	Date: _____	Hired: <input type="checkbox"/> YES <input type="checkbox"/> NO	Salary/Wage: _____
Position: _____	Department: _____	Date reporting to work: _____	
Approved: (1.) _____	(2.) _____	(3.) _____	
<i>Employment Manager</i>	<i>Department Head</i>	<i>General Manager</i>	

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This application for employment form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said of any questions which, when asked by the Employer of the job applicant, may violate State and/or Federal Law.