



# Vantage<sup>®</sup> Holding Company, LLC

1305 South Main Street • Meadville, PA 16335 • (814) 337-0000

## APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

### PERSONAL INFORMATION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you 18 Years or Older:  YES  NO

### SPECIAL QUESTIONS

**DO NOT answer any of the questions in this framed area unless the Employer has checked a box preceding a question.** Thereby indicating that the information is required for a Bona Fide Occupational Qualification, or dictated by National Security Laws, or is needed for other legally permissible reasons.

Height \_\_\_\_ Feet \_\_\_\_ Inches  Weight \_\_\_\_ Lbs.

Are you prevented from lawfully becoming employed in the U.S. \_\_\_\_ YES \_\_\_\_ NO

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age)

What Foreign Languages do you speak fluently? \_\_\_\_\_

What Foreign Languages do you read fluently? \_\_\_\_\_

What Foreign Languages do you write fluently? \_\_\_\_\_

**Have you been convicted of a felony or misdemeanor within the last five years?** \_\_ YES \_\_ NO

Please Describe: \_\_\_\_\_

*(You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied for.)*

**EMPLOYEMENT DESIRED** - A specific position has to be entered on this application on the "Position Desired" line or we will not accept your application.

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Employed Now: \_\_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

Ever Applied to this Company Before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

### EDUCATION

	<u>Name and Location</u>	<u># of Years Attended</u>	<u>Did you Graduate?</u>	<u>Subjects Studied</u>
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

### GENERAL (Subjects of special study or research work)

U.S. Military or Naval Service: \_\_\_\_\_

Rank: \_\_\_\_\_ Present Membership in National Guard or Reserves: \_\_\_\_\_

<b>FORMER EMPLOYERS (List below the last four employers, starting with the last one first)</b>				
<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: _____				
<b>REFERENCES (Give the names of three persons not related to you, whom you have known at least one year)</b>				
<u>Name</u>	<u>Address, Phone Number &amp; Email</u> <i>(please put name of business if the reference number is a place of business)</i>	<u>Years Acquainted</u>		
1.				
2.				
3.				
<b>PHYSICAL RECORDS</b>				
<p>Do you have any physical limitations that preclude you from performing any work for which you are being considered? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, what can be done to accommodate your limitation? Please Describe.</p> <p>_____</p>				

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: \_\_\_\_\_



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## Vantage<sup>®</sup> Values

Below are five values that Vantage<sup>®</sup> 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<sup>®</sup>, 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:  YES  NO Salary/Wage: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_ Date reporting to work: \_\_\_\_\_

Approved: (1.) \_\_\_\_\_ (2.) \_\_\_\_\_ (3.) \_\_\_\_\_  
*Employment Manager Department Head General Manager*

**Completed applications can be submitted to:**

Vantage

Attention: Vallerie Travis, HR Department

1305 South Main Street, Meadville, PA 16335

Fax: (814) 337-0479; Email: valt@vhcn.com