



VLBURKE ENTERPRISES, INC.
Application for Employment

APPLICANT INFORMATION				
Last Name		First		M.I. Date
Street Address			Apartment/Unit #	
City		Zip		Cell Phone
Cell Carrier		E-mail		
Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you hold a valid Driver's License and have your own vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency Contact		Contact Phone		
Emergency Contact		Contact Phone		
Date Available		Desired Salary /HR		Preferred Site: Ocean Springs <input type="checkbox"/> St. Martin <input type="checkbox"/>
Position Applied for <i>(Circle Interested)</i> Preschool Before & Afterschool Camp Summer Camp Skating Rink				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company or do you have any relatives that currently work for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no: Still Attending <input type="checkbox"/> GED <input type="checkbox"/>
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
REFERENCES				
<i>Please list three professional references. (Incomplete references will not be considered)</i>				
Full Name			Relationship	
Company			Phone ()	
Address				
Full Name			Relationship	
Company			Phone ()	
Address				
Full Name			Relationship	
Company			Phone ()	
Address				

PREVIOUS EMPLOYMENT

Company	Phone ()
Address	Supervisor

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone ()
Address	Supervisor

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

DISCLAIMER AND SIGNATURE

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I certify that the information on this application and its supporting documents is/are accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize VLBURKE Enterprises, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of VLBURKE Enterprises, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the VLBURKE Enterprises, Inc. optional health program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Signature	Date
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Before turning your application in, please answer the following questions:

Did you bring a friend with you to pick up this application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did your parent pick up this application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did you wear anything other than semi-professional attire to pick up this application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If your answer was YES to any of the above questions,

Please deposit this application in File 13, AKA the Trash Can! Thank you in advance for saving us the time!

FOR SUPERVISOR USE ONLY (Upon Hire Supervisor is to complete and forward to Human Resources)

Interview Date	Interviewed By	Hire Date	Start Date
Orientation Date	Rate \$ /Hour	Approved by Director of Operations	Date of Birth
Position	Site	Social Security Number	