VESUVIO'S EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name	Date	Phor	ne #
Address	City	State	Zip
Are You over the age of 18? Yes [] No [] Are you a citizen of the U.S. of America?	[]Yes []No So	cial Security Last Four l	Digit #
Have you applied here before? [] Yes [] No Start When	[] Full time [] Part	time [] Temporary []	Other
Do you have a Drivers License Yes [] No [] Referred By:	_		
EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include milit Exclude organizational names which indicate race, color, religion, sex, or national original properties of the color of th		er volunteer activities.	
Employer 1			
AddressCity	State	Zip	-
Phone #Supervisors' Name			
Job Title Reason for leaving			-
Dates of Employment: FromToSalary or Hourly r	ate		-
Employer 2			
AddressCity	State	Zip	-
Phone #Supervisors' Name			
Job Title Reason for leaving			-
Dates of Employment: FromToSalary or Hourly r	ate		_
Employer 3_			
AddressCity	State	Zip	-
Phone #Supervisors' Name			
Job Title Reason for leaving			-
Dates of Employment: FromToSalary or Hourly r	ate		-
EMPLOYMENT AP		W C 1 D	
EDUCATION Schools/Colleges Attended:	# Years	Year Grad. Degree	
Describe any special qualifications for this job:			
When can you work days/ hours :			
Please Read Before Signing: I certify that all information provided by me on thi withheld nothing that, if disclosed, would alter the integrity of this application.	s application is true and	complete to the best of 1	ny knowledge and that I have
I authorize my previous employers, schools, or persons listed as references to give any company and my previous employers will not be held liable in any respect if a job off false statements, omissions, or answers made by myself on this application. In the ever regulations as set by the company in any communication distributed to the employees Immigration Reform and Control Act of 1986, I understand that I am required to prove the United States on the first day of employment. I have received from the company a	er is not extended, or is we nt of any employment we. Can be fired and Can n ide approved documenta	withdrawn, or employme ith this company, I will ot sue for any reason.In tion to the company tha	ent is terminated because of comply with all rules and compliance with the t verifies my right to work in

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and

Date

understand the above statements.

Signature_