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| VRS Disability Management  PO Box 186  Waterbury Ctr., VT 05677  **Application For Employment** | | | | | | | VRS Disability Management is an Equal Opportunity Employer and is committed to excellence throgh diversity. | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.  **Please submit a copy of all professional certifications and a copy of a valid driver’s license.** |
|  | | | | | | | | |
| **Personal Information** | | | | | | | | |
| Name | |  | | |  | |  |  |
|  | | | | | | | | |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| Phone Number | | Mobile Number | | | Email Address | |  |  |
|  | |  | | |  | | | |
| Are You a U.S. Citizen? | |  | | |
| Yes | No | | | |  | |
| **\_\_\_\_\_\_\_\_** | | | | | | | | |
|  | | | | | | | | |
| **Position** | | | | | | | | |
| Position You Are Applying For | | | | | Available Start Date | |  | Desired Pay |
|  | | | | |  | | |  |
| Employment Desired | |  | | |  | |  |  |
|  |  | Full Time | |  | Part Time |  |  |
|  | | | | | | | | |
| **Education** | | | | | | | | |
| School Name | | | Location | | Years Attended | | Degree Received | Major |
|  | | |  | |  | |  |  |
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|  | | |  | |  | |  |  |
|  | | |  | |  | |  |  |
|  | | | | | | | | |
| **References** | | | | | | | | |
| Name | | | | | Title | | Company | Phone |
|  | | | | |  | |  |  |
|  | | | | |  | |  |  |
|  | | | | |  | |  |  |
|  | | | | |  | |  |  |
| **Employment History** | | | | | | | | |
| **Employer (1)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | |  | |  |  |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (2)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | |  | |  |  |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (3)** | |  | | | Job Title | | | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | |  | |  |  |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (4)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | |  | |  |  |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (5)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | |  | |  |  |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
|  | | | | | | | | |
| **Signature Disclaimer** | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | |
| Name (Please Print) | |  | | | Signature | | | |
|  | | | | |  | | | |
| Date | |  | | |
|  | | | | |