|  |  |  |
| --- | --- | --- |
| VRS Disability ManagementPO Box 186Waterbury 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 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |
| **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 |  |
|       |