

VETERANS OF FOREIGN WARS OF THE UNITED STATES
APPLICATION FOR EMPLOYMENT
An Equal Employment Opportunity Employer

READ BEFORE COMPLETING APPLICATION

All information requested must be completed and be true and accurate. Incomplete applications or applications containing untruthful, unverified or inaccurate information will void the application from consideration, and if the applicant is hired, such inaccurate information will result in immediate termination of employment.

The VFW is in the business of dealing with the members, public, and other business and public professionals. Individuals and employees may have access to the property and confidential records or data of the VFW, members and others. All applicants will be subject to background checks, reference checks, including law enforcement records regarding any criminal background and credit checks. Applicants may be required to provide additional waivers for background checks provided by outside agencies prior to consideration for employment. Further, any applicant who is offered a position may be subject to drug and alcohol screening and physical examination at the expense of the VFW.

(PLEASE PRINT)

Date of Application: _____

Name: _____
First Middle Last

Address: _____
Street Address (Including Apt. No.)

Home Telephone: _____

City State Zip Code

Mobile Number: _____

Email Address: _____

Position Applied For: _____

Have you ever been employed at VFW?

Earliest date available to begin employment:

If "yes," give dates of employment:

Are you currently employed?

Have you previously applied for employment with the VFW?

May we contact your current employer?

If "no," please explain the reason why:

Are you in a lay-off or other leave status, subject to recall or reinstatement?

Are you prevented from lawfully becoming employed in the United States, because of Visa or Immigration status?

NATIONAL HEADQUARTERS

406 W. 34th Street Office 816.756.3390
Kansas City, MO 64111 Fax 816.968.1157

WASHINGTON OFFICE

200 Maryland Ave., N.E. Office 202.543.2239
Washington, D.C. 20002 Fax 202.543.6719

info@vfw.org
www.vfw.org

The VFW provides service to members and the organization, as needed. Reliability and availability are important considerations for all jobs. If you have any questions about the potential schedules for the job being applied for, or the essential functions of the job, please ask for any explanations or general job descriptions prior to answering the following questions on work availability and ability.

Are you available to work full time (40 hours/week)? _____

Are you available to work overtime hours (in excess of 40 hours/week)? _____

Are you willing to travel? _____

Are you employed in another job that you intend to keep if hired at the VFW? _____

If "yes," please identify the employer, the nature of the work and the schedule involved:

 Are you capable of performing the essential functions of the position applied for, with or without reasonable accommodation?

 Are you related by blood, marriage, social union, adoption or other close living arrangement (past or present) with an employee of the VFW?

If "yes," please identify the name of the employee(s) and your relationship:

(Identification of a relationship will not necessarily disqualify the applicant for employment.)

Military Service: If you have served in the United States Armed Forces, including the National Guard or Reserve Component, please complete this section:

Branch of Service: _____ Place of Enlistment: _____ Date: _____

Highest Rank: _____ Date of Discharge: _____ Type of Discharge: _____

Place of Discharge: _____ Present Military or Reserve Status: _____

Overseas Campaigns (name/place/dates):

Decorations or Service Medals: _____

Are you a member of VFW? _____ *If "yes," please provide your Post number:* _____

Employment: Employment history must show employment for at least the past 10 years or last four employers, whichever is a greater length of time. The reason for any gaps in employment, exceeding 30 days, must be shown in the employment history. If you need additional space, ask for a supplemental sheet and place your name and current date on the supplement.

Employer Name:		Job Title:	
Address:		Name of Supervisor/Contact:	
Start Date (mm/yyyy):	End Date (mm/yyyy):	Phone Number:	Email Address:
Reason for Leaving:			
Duties:			

Employer Name:		Job Title:	
Address:		Name of Supervisor/Contact:	
Start Date (mm/yyyy):	End Date (mm/yyyy):	Phone Number:	Email Address:
Reason for Leaving:			
Duties:			

Employer Name:		Job Title:	
Address:		Name of Supervisor/Contact:	
Start Date (mm/yyyy):	End Date (mm/yyyy):	Phone Number:	Email Address:
Reason for Leaving:			
Duties:			

Employer Name:		Job Title:	
Address:		Name of Supervisor/Contact:	
Start Date (mm/yyyy):	End Date (mm/yyyy):	Phone Number:	Email Address:
Reason for Leaving:			
Duties:			

References: References must not be relatives or former employers and each reference must have know you for at least two years.

	Name	Telephone #	Email Address	Occupation
1				
2				
3				

Education:

High School last attended: _____

Did you graduate from high school? _____ *If, "no," did you receive your receive a GED?* _____

Please list every college, university or technical school you attended:

Name of Institution: _____

City and State: _____

Subject/Major: _____

No. of Years Attended: _____

Did You Graduate: _____

Degree/Certificate Obtained: _____

Other Skills, Education & Training:

Provide the details of any specialized job skills, certifications, either through additional education or training through job-related experience, civic involvement or other qualifications. (For example: Include computer knowledge and skill level in Microsoft Office programs, knowledge of specific office equipment, special licenses, languages, accounting, management experience and communication/presentation skills.)

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and any resume, submitted) is true and complete to the best of my knowledge. I also agree that falsified or misleading information or significant omissions will disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in the application (and any resume) to provide any relevant information that may be required to arrive at an employment decision, and release all parties from all liability for any damage that may result from furnishing such information.

I understand that if a job offer is made, a background check will be conducted and a medical examination may be requested for employment or continuation of employment; and that I may be requested to submit to testing for drug or alcohol use both prior to hire and during employment.

This application is not a contract for employment and cannot create a contract. I understand that if I am hired, my employment can be terminated with or without cause or reason, at any time at the discretion of either the Veterans of Foreign Wars or myself.

Applicant's Signature: _____ **Date:** _____
