

# VNG Insurance Agency

## Application For Employment

**PLEASE PRINT OUT, FILL OUT, AND HAND IN AT  
OFFICE WITH YOUR PRINTED RESUME.**

Contact Information		
Last Name	First Name	Phone Number
Street Address	City	Zip Code
General Information		
<p>When are you available to start work? _____</p> <p>Are there any times during the week that you are not available to work? Yes [ ] No [ ]</p> <p>If so, please explain _____</p> <p>Are you willing to work overtime? Yes [ ] No [ ]</p> <p>Are you at least 18 years old? Yes [ ] No [ ]</p> <p>If hired, can you verify that you have the legal right to work in the US? Yes [ ] No [ ]</p> <p>Have you ever been convicted of (or plead no lo contesto) a crime, excluding misdemeanors and summary offences? Yes [ ] No [ ]</p> <p>Do you have a reliable means of transportation to get to work? Yes [ ] No [ ]</p> <p>Do you hold a valid Pennsylvania Drivers License? Yes [ ] No [ ]</p> <p>What languages do you speak, read, and write fluently? _____</p> <p>How did you find out about this job? _____</p>		
Additional Information		
<p><b>Please attach a resume which includes your work experience and references.</b></p> <p>Do you have any special skills, training or experience which may help you qualify for this job that are not mentioned on your resume? Yes [ ] No [ ]</p> <p>If so, please explain _____</p>		
Certification		
<p>I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment will be considered grounds for termination.</p>		
Applicant's Signature	Date	Received by (office use)