



Application for Employment

PLEASE READ THIS APPLICATION THOROUGHLY AND COMPLETE IT HONESTLY. THIS EMPLOYER PERFORMS A DETAILED BACKGROUND INVESTIGATION ON ALL FINAL CANDIDATES.

Important Notice: Applicants should be extremely careful as they complete this application. This Company utilizes a sophisticated and detailed background and pre-employment investigation process. This process frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process determine any inaccurate or incomplete information, it will cause you to be either disqualified for employment with Visions Unlimited as an applicant, or be grounds for termination if the inaccuracies are discovered subsequent to your employment. Accordingly, we strongly suggest that you NOT complete this application until you have the requisite time and accurate information to do so.

Visions Unlimited is an equal opportunity employer and will not discriminate against any employee or applicant for employment in an unlawful manner. Employment is conditioned on the successful completion of the screening program. The information sought on this form is given voluntarily and may be used in filing reports required by state or federal governments.

Position(s) applied for: _____	Application Date _____
Type of employment desired: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary	

Applicant name: _____	Date _____
List other names you use or have used, including maiden names, nicknames, stage names, married names. _____	
Address: _____	City: _____ State: _____ Zip: _____
Telephone () _____	Email: _____
#: _____	

How did you learn about us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency
	<input type="checkbox"/> Friend/relative	<input type="checkbox"/> Walk In
	<input type="checkbox"/> Web	<input type="checkbox"/> Other _____

Date you will be available to start work: _____

Driver's License # _____

Salary Requirements _____/_____

Are you able to meet the attendance requirements? Yes No

Do you have any objection to working overtime if necessary? Yes No

Can you work evenings and weekends? Yes No

Have you ever been previously employed by Visions Unlimited? Yes No

If hired, can you show proof that you may legally work in the USA? Yes No

If you are under 18, can you furnish a work permit if it is required? Yes No

May we contact your current employer? Yes No

Are you able to travel if required for your job duties? Yes No



Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.)

Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Emergency Contact:

Name
()

Relationship

Home Phone Number
()

Address

Work Phone Number/ext

City

State

Zip

Employment History

Please provide all employment information for the past seven years employment starting with the most recent. You may use another sheet if necessary.

Employer: _____ Position held: _____

Address: _____ Telephone #: () _____

Immediate supervisor and title: _____

Dates employed: from ____ to ____ Salary: _____

Job summary: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Employer: _____ Position held: _____

Address: _____ Telephone #: () _____

Immediate supervisor and title: _____

Dates employed: from ____ to ____ Salary: _____

Job summary: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Employer: _____ Position held: _____

Address: _____ Telephone #: () _____

Immediate supervisor and title: _____



Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, number of years completed, course of study, and any degrees earned:

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

References

List 3 people who can comment on your character and work habits, including telephone numbers, and years known (do not include relatives or employers):

1.	_____ () Name Phone
	_____ Years known Relationship
2.	_____ () Name Phone
	_____ Years known Relationship
3.	_____ () Name Phone
	_____ Years known Relationship

Please comment on why we should consider you for employment:



I hereby authorize the Visions Unlimited to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the Visions Unlimited and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

I understand that Visions Unlimited does not discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

Are you able to perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? Yes No

If no, please describe the function that you cannot perform:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I also understand that I will be required to provide proof of a current clear DMV report if I am required to drive as a component of my job with Visions Unlimited. I hereby authorize Visions Unlimited to verify the validity of my driver's license at any time during my employment if I am required to drive in the course of my job with Visions Unlimited.

ARBITRATION

I agree that all claims by me arising during the application process, as well as during and following my employment with Visions Unlimited including, but not limited to, unlawful discrimination and/or harassment, wrongful demotion, wrongful termination, invasion of privacy, or defamation will be presented to a neutral arbitrator for final and binding decision in accordance with the procedures adopted by Visions Unlimited. Binding arbitration will be used as well in the event of a claim filed with either the Equal Employment Opportunity Commission or the California Department of Fair Housing and Employment once the agency has completed its determination.



I also agree that if any California Court with jurisdiction declares that any part of this arbitration agreement is illegal, invalid or unenforceable, such a declaration will not affect the legality, validity or enforceability of the remaining parts of the agreement, and that illegal, invalid or unenforceable part(s) will no longer be part of this agreement.

THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO CIVIL COURT ACTIONS FOR CLAIMS ARISING OUT OF THE APPLICATION PROCESS AS WELL AS EMPLOYMENT WITH VISIONS UNLIMITED SHOULD IT BE OFFERED. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY WILL DECIDE THE OUTCOME OF ANY CLAIM OR DISPUTE.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature

Date

Please Note: Visions Unlimited maintains applications on active file only for a 30 day period of time. If you wish to be considered after a 30 day period, please re-apply.



Pre-Employment Background Authorization

Applicant Name	_____	_____	_____
	Last	First	Middle
Maiden Name/AKA	_____		Other Names _____
Street Address	_____	City: _____	State: _____ Zip: _____
S.S. #	_____	Date of Birth: _____	D.L. #: _____

_____	_____	() _____	
Present Employer	City, State	Phone #	
May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hire Date	Job Title	Current Salary	Supervisor

_____	_____	() _____		
Previous Employer	City, State	Phone #		
May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Hire Date	Final Date	Job Title	Final Salary	Supervisor

_____	_____	() _____	
School Attended	City, State	Phone #	
Starting Date	Final Date	Major	Degree

_____	_____	_____
Driver License Type	License #	State Issued

I hereby authorize Visions Unlimited to perform a Background Investigation, which may include, but is not limited to, a criminal records check, experience, credit, employment and academic verification. I understand that any misrepresentations of the information provided above are grounds for rejection of my application. I understand the third party administrator is www.abso.com.

Signature Date

- Please check one: Check here if you want a copy of your background investigation report.
 Check here if you want to waive your right to receive these backgrounds reports.



Applicant Consent Form to Investigate and Disclose Data

I, _____, hereby allow the Company and their assignees the right to contact and investigate my former and current employers, and all other pertinent parties, including, but not limited to educational institutions where I enrolled, to fully investigate my background.

I understand that as part of the interview process, since I am applying for the position of _____, The Company requires all applicants to disclose pertinent data concerning previous work history, police and military records, and educational activities.

I further understand and authorize Visions Unlimited to order investigative consumer reports that can provide information regarding my character, general reputation, personal characteristics and mode of living.

The purpose and procedures used in this investigation have been fully described to me and I completely understand the reasons and potential uses of such investigations. I authorize Visions Unlimited to use any and all information acquired to make decisions regarding my employment, which may be disclosed to third parties.

I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employment application, at my interview, or at any time prior to my commencing employment at the Company (if I am offered a position with the Company), I will not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from facts I furnished before taking the job, I will be disciplined, including immediate discharge without warning.

Visions Unlimited will pay the cost of this investigation. Nonetheless, I hereby indemnify, release and forever discharge and hold the Company and its subsidiaries and affiliated companies, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto. I understand the third party administrator is www.abso.com.

Applicant Signature

Date

Printed Name of Applicant

S.S.#

Name of Witness