



VEKA INC.

VEKA INC., 100 VEKA DRIVE • FOMBELL, PENNSYLVANIA 16123
An Equal Opportunity Employer

DATE _____

PERSONAL (Please Print)

LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS	CITY	STATE
ZIP	TELEPHONE #	

Do you wish Full-Time Part-Time work?

Are you legally able to work in the United States? Yes No

Are you on lay-off and subject to recall? Yes No

Specify type or types of work in which interested: _____

Are you 18 years of age or older? Yes No

Will you work any shift? Yes No If no, shift(s) you will work _____

Are you willing to work overtime? Yes No, Weekends Yes No

Do you have transportation? Yes No

Date you can start work _____ Referred to VEKA INC. by _____

Have you ever been employed by VEKA INC.? Yes No If so, give dates and reason for leaving

List any acquaintances or relatives employed by VEKA INC.: _____

Have you been convicted of a crime, felony or released from prison within the last 7 years? Yes No

*(A conviction will not necessarily result in the denial of employment)

MILITARY SERVICE

Branch of U.S. Military Service _____

From ____/____/____ to ____/____/____ Rank or rating upon discharge _____

EDUCATIONAL RECORD

TYPE OF SCHOOL	NAME OF SCHOOL (LOCATION)	MAJOR FIELD OF STUDY	DATES ATTENDED FROM TO	DID YOU GRADUATE	DEGREE
High School					
College or University					
Graduate School					
Trade/Business					

EMPLOYMENT RECORD

Name and Address of Employer	Name of Immediate Supervisor	Kind of Work	Salary	Date Employed	Date Terminated
1. _____ PHONE: _____					
2. _____ PHONE: _____					
3. _____ PHONE: _____					
4. _____ PHONE: _____					

Reason for Termination: (List reason for each Employer)

1. _____
2. _____
3. _____
4. _____

List other work experience and/or skills, knowledge, talents, business licenses, or other job related experiences not covered elsewhere: *If you wish to describe additional work experience, please attach a seperate piece of paper with the information

Additional comments which you feel would be important in our consideration of your application: _____

CHARACTER REFERENCES

(Persons who know you well. Do not include relatives or employers)

NAME	OCCUPATION	STREET	CITY	STATE	PHONE	YEARS KNOWN
1.						
2.						

I understand that VEKA INC. will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____

*****Office use Only*****

Interviewed by (1) _____ (2) _____ Date: _____

Employed Yes/No

If Yes, Start Date _____ Rate _____ Position _____

Dept. _____