



# Application for Employment

Position: Department Office Manager

## APPLICANT INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip) (Apartment/Unit #) PHONE NO: \_\_\_\_\_

SOCIAL SECURITY No: \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

ARE YOU A VETERAN: \_\_\_\_\_ ARE YOU A VFW MEMBER: \_\_\_\_\_

*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.*

## EDUCATION

HIGH SCHOOL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DID YOU GRADUATE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DID YOU GRADUATE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DID YOU GRADUATE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

OTHER CERTIFICATES: \_\_\_\_\_

## VFW DEPARTMENT OF MINNESOTA





In the policy of this office, the Veterans of Foreign Wars does not discriminate against any employee or applicant for employment because of race, religion, color, national origin, handicap, age or sex. This policy applies not only to employment, but to upgrading, transfer, recruitment and recruitment advertising, lay-off, demotion, termination and other matters pertaining to personal relationships.

I do hereby request, and authorize this company, any person or persons, each former employer, or any firm or corporation referred to in this application, to give any information or answer all questions asked concerning my ability, work or moral character in connection with this application.

If employed by you in any position, I fully understand and agree that upon payment of such wages or salary as my have been earned, you may terminate my employment without assuming further liability.

I understand that misrepresentation or omission of facts called for is cause for dismissal.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## VFW DEPARTMENT OF MINNESOTA