



Veterans of Foreign Wars
Claims Service Office
BHW Federal Building, Room G900
St. Paul, MN 55111-4028
(612)970-5669
FAX: (612)970-5405 E-Mail: VFW.VBASPL@VA.GOV

Application for Employment

APPLICANT INFORMATION

NAME: _____ DATE: _____
(Last) (First) (MI)

ADDRESS: _____
(Apartment/Unit #)

(City) (State) (Zip) PHONE NO: _____

SOCIAL SECURITY No: _____ DESIRED SALARY: _____

POSITION APPLIED FOR: _____

ARE YOU A U.S. CITIZEN: _____ IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: _____ IF YES EXPLAIN: _____

DO YOU HAVE VETERANS PREFERENCE: _____ ARE YOU A VFW MEMBER: _____

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: _____

EMPLOYMENT

EMPLOYER: _____

DATES EMPLOYED: _____

ADDRESS: _____

(City) (State) (Zip)

PHONE NO: _____

POSITION HELD: _____

DUTIES PERFORMED: _____

SUPERVISORS NAME AND TITLE: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THEM? _____

EMPLOYER: _____

DATES EMPLOYED: _____

ADDRESS: _____

(City) (State) (Zip)

PHONE NO: _____

POSITION HELD: _____

DUTIES PERFORMED: _____

SUPERVISORS NAME AND TITLE: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THEM? _____

REFERENCES

NAME: _____ TITLE: _____ COMPANY: _____ PHONE: _____

NAME: _____ TITLE: _____ COMPANY: _____ PHONE: _____

NAME: _____ TITLE: _____ COMPANY: _____ PHONE: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I CERTIFY THAT ALL ANSWERS GIVEN HERIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE: _____
IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN MAY RESULT IN DISCHARGE: _____

Signature of Applicant

Date

PLEASE ATTACH RESUME IF APPLICABLE

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: _____