

Ending Salary:

Reason for Leaving:



EMPLOYMENT APPLICATION FOR VETERANS CURATION PROGRAM

This PDF is a form designed so it can be filled out on your computer. You will need either Adobe Acrobat or Reader in order to complete the application. In some Internet browsers, it may be necessary to download the PDF to your computer. If you are using Firefox, click the "Open with Different Viewer" button. Internet Explorer users will need to right click the Job Application hyperlink and select "Save Target As". Contact information and instructions to submit the completed application are located at the bottom of this form.

Personal Information Full Name, including middle initial: Current Address: All Addresses for the past 7 years, including dates of residency: (you may attach an additional page if there is not enough space) Home Phone: Cell Phone: E-Mail Address: Have you ever used any other names? Yes No If "Yes," please enter other names and dates of use: Have you ever been convicted of a crime (other than minor traffic violations)? Yes \(\subseteq \) No \(\subseteq \) If "Yes," please explain: Are you legally eligible to work in the United States: Yes \ No \ \ What date could you start work? **Work Experience** Most Recent Employer: Name of Employer: Address of Employer: Name of Supervisor: Job Title: Dates Employed:

Education
Reason for Leaving:
Final Pay Grade / Rank:
Dates of Service:
Military Occupation Specialty / Job Title:
Name of Commanding Officer:
Address of Last Base:
Branch of Service:
Military Experience
Reason for Leaving:
Ending Salary:
Dates Employed:
Job Title:
Name of Supervisor:
Address of Employer:
Name of Employer:
Previous Position:
Reason for Leaving:
Ending Salary:
Dates Employed:
Job Title:
Name of Supervisor:
Address of Employer:
Name of Employer:
Previous Position:

Please list all diplomas, degrees, or other courses of study that would be relevant to work for the Veterans Curation Program

Degree/Diploma/Course 1 – Show School and Location, Degree or Diploma, and Course of Study

Degree/Diploma/Course 2 – Show School and Location, Degree or Diploma, and Course of Study

Applications are accepted anytime but must be received no later than March 15 for spring term and by September 15 for fall term. Applications must be e-mailed; no phone calls are accepted. Only those with honorable discharges will be considered. All portions of this application must be completed. Permission to conduct a background search must be signed for your application to be considered. You will receive an acknowledgement of receipt. The program will contact you between March 15-April 15 or September 15-October 15, depending on term, regarding the status of your application.
What term are you applying for? Spring (May-September) Fall (November-March)
Which training facility are you applying for? Alexandria Augusta St. Louis
Are you applying for full-time or part-time?
How did you hear about us? Veteran organization Advertisement Word of mouth Other:
Social Security Number: Driver's License Number & State:
Date of Birth:
Highest Education: High School 2 Year College 4 Year College Graduate School
How will graduation from this program benefit you?

If you have a resume and/or references please attach them.

References

Please list three references whose input would be relevant to work in the Veterans Curation Program. Include name, contact information (phone and/or e-mail address), and relationship (friend, coworker, supervisor, etc.)

Reference 1

Reference 2

Reference 3

Please tell us a little more....

Please describe in a few sentences your interest in the Veterans Curation Program, and how you think the program could help you reach your future goals.

Signature

By entering my name below, I certify that the information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employment to continue to employ me in the future.

Name: Date:

Submit Your Application

Please Email your completed application along with your DD Form 214 to: VCP.labs@envrg.com

Or fax it to: 410.366.5176

Questions? Theresa Zano McMillan at 757.477.0697 or Jim Pritchard at 502.715.1763



