



# APPLICATION FOR EMPLOYMENT

## INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

1. GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
2. LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
3. CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.
4. RETURN APPLICATION AND A PHOTO COPY OF YOUR DRIVERS LICENSE BY MAIL TO:

Valtech Corporation  
 2113 Sanatoga Station Road  
 Pottstown, PA 19464

### Equal Opportunity Information

Valtech Corporation is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious belief, marital status, political belief or disability that does not prohibit performance of essential job functions.

			Date of Application
Last Name	First Name	Middle Name	Social Security Number
Address (Street number and name)		City	County
State	Zip Code	Phone (Home or where you can be reached)	Business Phone
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding			
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____			
<b>Jobs Applied For</b>			
Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.			
1.	2.	3.	
<b>Referral Source</b>			
Please indicate your referral source: _____			

Have you ever applied here before? \_\_\_\_\_

Were you ever employed here before? \_\_\_\_\_ If yes when? \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? \_\_\_\_\_

**ALL APPLICANTS WILL BE SUBJECT TO DRUG TESTING AS A CONDITION OF EMPLOYMENT**

<b>Education</b>						
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4						
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.						
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you 18 years of age or older? _____						
Have you attended school under any other name? _____. If yes: _____						
Special training programs and seminars you have completed in the last five years (list):						
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:						
Current professional status: (List fields of work for which you have been registered)						
Registration: _____ State: _____ No. _____						
Registration: _____ State: _____ No. _____						
Membership in professional, honorary, or technical societies (list):						
Military Service:						
Licenses and certifications (List, giving dates and sources of issuance):						
<b>SKILLS</b>						
CHECK the following skills, experiences, etc., which you have:						
<input type="checkbox"/> Driver's License _____ Number State		<input type="checkbox"/> Sign Language		<input type="checkbox"/> Legal transcription		
<input type="checkbox"/> Car for use at work		<input type="checkbox"/> Foreign language (specify) _____		<input type="checkbox"/> Medical transcription		
		<input type="checkbox"/> Adding Machine/calculator		<input type="checkbox"/> Braille		
		<input type="checkbox"/> Typing (specify WPM) _____		<input type="checkbox"/> Word Processing		
		<input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____		<input type="checkbox"/> Other _____		
Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, explain fully on an additional sheet.)						



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WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary				
Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary / Wage \$ per	Ending or Current Salary / Wage \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time    Years    Months				
Part Time    Years    Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary / Wage \$ per	Ending or Current Salary / Wage \$ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time    Years    Months				
Part Time    Years    Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary / Wage \$ per	Ending or Current Salary / Wage \$ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time    Years    Months				
Part Time    Years    Months				
If part time, number of hours worked per week:				
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.</p>				
Signature of Applicant (unsigned applications will not be processed)			Date	