

Application for employment with the Hocking County Veterans' Service Commission  
VSC Van Driver

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

High School Grad? Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_ Social Security No. \_\_\_\_\_

Have you had any moving traffic violations in the past five (5) years? Yes \_\_\_ No \_\_\_  
If yes give type of violation and date: \_\_\_\_\_

Are you a veteran? Yes \_\_\_ No \_\_\_\_\_. Please include DD-214, if applicable.  
If yes please give dates of service, branch, and type of discharge: \_\_\_\_\_

If you answered no to the previous question, are you the spouse, surviving spouse, parent, or child of a veteran? Yes \_\_\_ No \_\_\_ Relationship: \_\_\_\_\_ Please include DD214.

Have you ever had any felony charges? Yes \_\_\_ No \_\_\_ If yes, please give date and type of charges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Name:	Address:	Telephone Number:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the VSC Board have permission to contact your references and former employers?  
Yes \_\_\_ No \_\_\_\_.

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT:**

Name & Address:	Dates of Employment:	Type of work Performed:	Reason for leaving:	Name of Supervisor:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please comment on why you feel that you are qualified for the position with the Hocking County Veterans Service Commission:

---

---

---

---

---

Are there any current barriers which may affect your job performance or your availability?

---

---

---

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#####

VSC OFFICE USE ONLY:

Date Interviewed: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Hired? Yes \_\_\_\_ No \_\_\_\_

Date Hired: \_\_\_\_\_

Hourly Rate of pay: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_