


Vesta, Inc.

(301) 459-9840 Fax: (301) 263-7300

 10123 Senate Drive
 Lanham, MD 20706

APPLICATION FOR EMPLOYMENT

Vesta, Inc., an equal opportunity employer, does not discriminate on the basis of gender, age, race, creed, color, national origin, ancestry, marital status, sexual orientation, or disability. Vesta, Inc. actively promotes a drug-free workplace and a smoke-free environment.

Resumes may be attached to but not substituted for a completed application. Incomplete applications will not be processed. If hired, you will be required to provide proof of legal right to work in the U.S. Prior to and throughout your employment tenure, you are required to follow Vesta's regulations for drug screening and TB Screening, as well as compliance with training and personnel requirements.

Date _____ Position _____

Last Name _____ First Name _____ MI _____

Current Residence _____ Since _____

(Street Address)

City _____ County _____ State _____ Zip _____

Previous Residence _____ From _____ To _____

(Street Address)

City _____ County _____ State _____ Zip _____

E-mail Address _____ Are you 18 years of age or older? Yes ___ No ___

Home Phone _____ Other Contact Phone _____

This position may require that you use your personal vehicle. As part of your employment, Vesta, Inc. will obtain your Motor Vehicle records from states of residence for the past 3 years. If you have 3 or more points on your record, you will be disqualified. If you are disqualified from driving, your employment may be terminated. You are also required to present a copy of your auto insurance policy at the time of hire.

License Number _____ State Issued _____

Driving Restrictions _____

Have you ever been convicted of any criminal, alcohol/drug related, or motor vehicle offense? A conviction does not necessarily disqualify your application. YES ___ NO ___ If YES, explain: _____

Do you have any relatives by blood or marriage working for Vesta? Yes ____ No ____

If YES, name and relationship _____

Were you previously employed by Vesta, Inc.? Yes ____ No ____ If YES, From _____ To _____

Location _____ Position _____ Supervisor _____

HOW DID YOU LEARN ABOUT THIS POSITION AND VESTA, INC?

Current/Past Employee of Vesta, Inc.

Name: _____

Position: _____ Region _____

Newspaper Advertising

Washington Post Baltimore Sun Regional or local newspaper _____

Employment Publications

Employment Today Employment Guide Employment News Penny Saver

Internet

Monster.com Washington post.com Washington Jobs.com

Others: _____

EDUCATION

(Please attach all degrees/certificates/licenses/diplomas.)

School/College	Degree/Date of Graduation	Major

Internship _____

Supervisor/Dean _____ Phone # _____

Professional Certification/Licensure _____ Certificate/License # _____

Last CPR expiration date ____ / ____ / ____ Last First Aid Certification date ____ / ____ / ____

Sign Language Yes ____ No ____ Languages Known Other Than English _____

EMPLOYMENT HISTORY

Begin with your most recent or current position. Do not omit any employment.

1. Name and address of employer: _____

Dates employed: From: Mo _____ Yr _____ To: Mo _____ Yr _____

Immediate Supervisor _____ Phone # _____

Position _____ Starting Salary _____ Ending Salary _____

Please describe job duties

Reason for Separation/desire to change

If current, may we contact your employer? [] Yes [] No

2. Name and address of employer: _____

Dates employed: From: Mo _____ Yr _____ To: Mo _____ Yr _____

Immediate Supervisor _____ Phone # _____

Position _____ Starting Salary _____ Ending Salary _____

Please describe job duties

Reason for Separation/desire to change

If current, may we contact your employer? [] Yes [] No

3. Name and address of employer: _____

Dates employed: From: Mo _____ Yr _____ To: Mo _____ Yr _____

Immediate Supervisor _____ Phone # _____

Position _____ Starting Salary _____ Ending Salary _____

Please describe job duties

Reason for Separation/desire to change

If current, may we contact your employer? [] Yes [] No

Professional References:

Name	Profession/Affiliation	Phone #/E-mail

The facts set forth in my application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature of Applicant _____ Date _____

“Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.”

Signature _____ Date _____

Attachments:

Degrees: _____

Professional Certificates: _____

License: _____

Training Certificates: _____

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention, **Vesta, Inc.** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Vesta, Inc.**. **Vesta, Inc.** uses **AbsoluteHire**, a consumer-reporting agency, as an agent to perform its employment related background investigations.

AbsoluteHire will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal ADA Act, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Vesta, Inc.**, and **AbsoluteHire**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, Vesta, Inc. will notify me if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Vesta, Inc.** I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **AbsoluteHire**, 3000 Lava Ridge Ct, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signed Today's Date

Printed Name Position Applied For

Social Security Number / / **Date of Birth** _____
Driver's License Number **State**

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____ **Mo./Yr. / Mo./Yr**
 Street Apt.# City State Zip Code From / To?

Former Address: _____
 Street Apt.# City State Zip Code From / To?

Former Address: _____

Street	Apt.#	City	State	Zip Code	From / To?
Former Address: _____ / _____					
Street	Apt.#	City	State	Zip Code	From / To?

FOR MARYLAND HEALTHCARE FACILITIES ONLY

Places where you have been employed outside the state of Maryland for the past 7 years
(Required by the Maryland senate bill 312)

City	County	State	Zip Code
City	County	State	Zip Code
City	County	State	Zip Code
City	County	State	Zip Code

FOR PROFESSIONAL LICENSES.

TYPE OF LICENSE: _____ STATE _____

LICENSE NUMBER: _____ DATE ISSUED _____

EXPIRATION DATE: _____ ISSUING BOARD _____

EDUCATIONAL CREDENTIAL VERIFICATION

SCHOOL ADDRESS _____

SCHOOL TELEPHONE () - _____

YEARS ATTENDED FROM ^(MM/YYYY) _____ TO _____ MAJOR _____

YEAR GRADUATED / / _____ DEGREE _____