



Return to:
Vincent Porcaro, Inc.
100 Higginson Ave
Lincoln, RI 02865

INFORMATION FOR STAFFING PERSONNEL

Name: _____ Date: _____

(First/M/Last, As it apperas on Social Security Card)

Address: _____

(Street)

(City, State, Zip)

Telephone: _____ Cell Phone/Other: _____

Primary Language: _____ Other Language: _____

Position Desired: _____ Desired Pay Rate: _____

Are you over the age of 18 years? [] Yes [] No (Valid proof of identity required)

Do you have a legal right to be employed in the U.S.? [] Yes [] No (Valid proof of identity required)

What type of employment are you looking for? [] Full Time [] Part Time [] Temporary

Desired Shift: [] 1st [] 2nd [] 3rd [] Any Do you drive to work? [] Yes [] No

Transportation: [] Own [] Bus [] Ride Other: _____

How far are you willing to travel to work? [] Walk to Work [] 5-10 miles [] 10+ miles

What skills do you have? Attach resume if available. (Supervisor, computer linking, looping, epoxy, sample duplicating, machine operating, pick-pack, bench, etc.)

Desired Location: _____, _____ When can you start? _____

How do you know about VPI: Job Fair [] Walk-in [] Referral [] by Whom? _____ Code: _____

Have you ever been employed by V.P.I. in the past? [] Yes [] No

If yes, list date(s) and place(s): _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Vincent Porcaro, Inc..

If employed, I agree to submit to a medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I understand that my employment status, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests. If hired, I agree to abide by all company work rules, policies and procedures. The Company retains the right to revise its policies and procedures in whole or in part any time.

Signature: _____ Social Security #: _____

* Specifics will be reviewed under KRS 335B.020. Applicants shall have a criminal records/background check per KRS 216.793.

* V.P.I. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including: race, color, age, religion, handicap or national origin. V.P.I will not tolerate harassment of any kind in the workplace.



By becoming an employee of Vincent Porcaro, Inc., I agree to go to offsite locations as needed when required by Vincent Porcaro, Inc..

Name (Print): _____

Date: _____

Signature: _____

Release Authorization

In processing your application for employment, an investigation and/or a consumer report may be obtained concerning your previous employment, education, character, general reputation, personal characteristics and mode of living.

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Credit Bureaus, Financial and other institutions, and all Law Enforcement and Governmental Agencies, Federal, State, and Local, without exception, both foreign and domestics:

I release them from all liability and responsibility arising from their doing so. I have authorized the agency contacted by **Vincent Porcaro, Inc.** and its agents to conduct a full investigation into my background and activities. Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of the contracted agency.

This authorization shall supersede and countermand any prior request of authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature: _____

Date: _____

For V.P.I. Staff:

Note: _____

Interviewer: _____ Entered in By: _____

1st Emergency Contact Information/Contacto de Emergencia

Date/Fecha: _____
Full Name/Nombre: _____
Relationship/Relacion: _____
Home Phone/Telefono: _____
Cell Phone/Celular: _____

2nd Emergency Contact Information/Contacto de Emergencia

Date/Fecha: _____
Full Name/Nombre: _____
Relationship/Relacion: _____
Home Phone/Telefono: _____
Cell Phone/Celular: _____

Employment History / Historial de Empleo

Company Name / Nombre de Compania: _____
Job Title / Titulo de Trabajo: _____
Work Duties / Deberes de Trabajo: _____
Dates Worked / Fechas de Empleo: _____

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