

Employment Application

Please complete the entire application.

1. Employer Information

Employer: VoDaVi Technologies, LLC

Head Quarters Address: 212 S. Meadow Road, Unit 1

City/State/ZIP: Plymouth, Massachusetts 02360

Telephone: 508-746-5777

2. Applicant Information

It is the policy of VoDaVi Technologies, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Applicant Full Name:		
Home Address:		
City/State/ZIP:		
Number of years at this address: _		
Daytime Phone:		
Mobile Phone:		
Social Security Number:		
Driver's License (State/Number):		
3. Emergency Contact Who should be contacted if you are	_ ,	
Contact Name:		
Address:		
City/State/ZIP:		
Daytime Phone:	Evening Phone:	
4. Job Position Applied For: Full or Part Time?		
5. Salary Desired: \$	ner	

6. Who referred you to our company? Do you have any friends or relatives who work here? If		
7. Have you applied to our company previously? If yes, when?	Yes No	
8. Are you at least 18 years old? Yes	No	
9. How will you get to work?		
10. Are you willing to work any shift, including nights If no, please state any limitations:	and weekends? Yes	No
11. If applicable, are you available to work overtime?	Yes No	
12. If you are offered employment, when would you be	available to begin work?	
13. If hired, are you able to submit proof that you are legemployment in the United States? Yes N		
14. Applicant's Skills		
List any skills that may be useful for the job you are see experience, and circle the number that corresponds to y represents poor ability, while five represents exceptiona	our ability for each particular	
Skill	Years of Experience	Ability or Rating 1 2 3 4 5 1 2 3 4 5
15. Applicant Employment History		
List your current or most recent employment first. Please and military service) that you have held, beginning with gaps in employment. If additional space is needed, cont	the most recent, and list and e	explain any
Employer Name:Supervisor Name:		

Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Employee Nome	
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties: Reason for Leaving:	
Dates of Employment (Month/Year):	
Dates of Employment (Month Tear).	
16. Applicant's Education and Training	
College/University Name and Address	
Did you receive a degree? Yes No If yes, degree(s) received:	
High School/GED Name and Address	
Did you receive a degree? Yes No	
Other Training (graduate, technical, vocational):	
Please indicate any current professional licenses or certifications that you hold:	
Awards, Honors, Special Achievements:	

17. References

Nama	
Name:	
Address:	
City/State/ZIP:	
Telephone:	
Relationship:	
Name:	
Address:	
City/State/ZIP:	
Telephone:	
Relationship:	
18. Please list any certification(s) that you have related to this position and it's current state.	atus.
19. Please provide any other information that you believe should be considered, including you are bound by any agreement with any current employer:	ıg whether
	
	
	
	
	
, ————————————————————————————————————	

List any two non-relatives who would be willing to provide a reference for you.

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize VoDaVi Technologies, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President or Chief Executive Officer, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of VoDaVi Technologies, LLC, except in a specific written contract of employment signed on behalf of the organization by its President or Chief Executive Officer, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAN AND AGREE TO ITS TERMS.	
Applicant Signature	Date

Please return completed Employment Applications via email to Jobs@VoDaViTech.com along with a copy of most recent resume.