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## Job Application

| Personal Information   |  |                          |   |                |  |        |                   |
|--|--|--------------------------|---|----------------|--|--------|-------------------|
| Last   |  | First                    | MI  | SSN#           | Email  |        |                   |
| Street Address   |  | City                     | ST  | Zip            | Home Phone<br>Mobile Phone                               |        |                   |
| Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                          | Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                | If yes, Date of Birth                                    |        |                   |
| Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                          | If yes, please explain:   |                |  |        |                   |
| Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch  |  |                          | Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No War |                |  |        |                   |
| What position are you applying for?  |  |                          | How did you hear about this position?   |                |  |        |                   |
| Expected Hourly Rate   |  | Expected Weekly Earnings |   | Date Available |  |        |                   |
| Prior Work Experience  |  |                          |   |                |  |        |                   |
|  | Current or Most Recent                                   |                          | Prior   |                | Prior  |        |                   |
| Employer   |  |                          |   |                |  |        |                   |
| Address  |  |                          |   |                |  |        |                   |
| City, ST, ZIP  |  |                          |   |                |  |        |                   |
| Telephone  |  |                          |   |                |  |        |                   |
| Name of Immediate Supervisor   |  |                          |   |                |  |        |                   |
| Dates of Employment  | From   | To                       | From  | To             | From   | To     |                   |
| Position/Job Title   |  |                          |   |                |  |        |                   |
| Pay  |  |                          |   |                |  |        |                   |
| Reason for Leaving   |  |                          |   |                |  |        |                   |
| May We Contact   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |                   |
| Prior Work Experience  |  |                          |   |                |  |        |                   |
|  | Current or Most Recent                                   |                          | Prior   |                | Prior  |        |                   |
| Employer   |  |                          |   |                |  |        |                   |
| Address  |  |                          |   |                |  |        |                   |
| City, ST, ZIP  |  |                          |   |                |  |        |                   |
| Telephone  |  |                          |   |                |  |        |                   |
| Name of Immediate Supervisor   |  |                          |   |                |  |        |                   |
| Dates of Employment  | From   | To                       | From  | To             | From   | To     |                   |
| Position/Job Title   |  |                          |   |                |  |        |                   |
| Pay  |  |                          |   |                |  |        |                   |
| Reason for Leaving   |  |                          |   |                |  |        |                   |
| May We Contact   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |                   |
| Education  |  |                          |   |                |  |        |                   |
|  | Name/Location  | Last Year Complete       |   |                |  | Degree | Major or Emphasis |
| High School  |  | 9 10 11 12               |   |                |  |        |                   |
| College/University   |  | 1 2 3 4                  |   |                |  |        |                   |
| Trade School   |  |                          |   |                |  |        |                   |
| Other  |  |                          |   |                |  |        |                   |
| List any applicable special skills, training or proficiencies.   |  |                          |   |                |  |        |                   |
| Personal References: Please Do Not include any references that are related to you.   |  |                          |   |                |  |        |                   |
|  | Reference 1  |                          | Reference 2   |                | Reference 3  |        |                   |
| Name   |  |                          |   |                |  |        |                   |
| Phone Number   |  |                          |   |                |  |        |                   |
| Email Address  |  |                          |   |                |  |        |                   |
| Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records. |  |                          |   | Signature      |  | Date   |                   |