



# EMPLOYMENT APPLICATION

It is the policy of Vector Wealth Strategies, 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. Please email your application to Josh Shoemaker at [josh@vwsplan.com](mailto:josh@vwsplan.com) and Jackie Kelly at [jackie@vwsplan.com](mailto:jackie@vwsplan.com).

## Application information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street address Apt/Unit #

\_\_\_\_\_ Email: \_\_\_\_\_  
City State Zip Code

Date Available: \_\_\_\_\_ Desired salary: \$ \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you a citizen of the United States? Yes  No

If no, are you authorized to work in the U.S.? Yes  No

Have you applied to our company previously? Yes  No  If yes, when? \_\_\_\_\_

Were you referred to our company? Yes  No  If yes, who? \_\_\_\_\_

Have you ever been convicted of a felony? \* Yes  No  If yes, explain? \_\_\_\_\_

\* The existence of a criminal record does not constitute an automatic bar to employment, but it will require additional questions and documentation as it will show up on the background check run by the regulators to whom our company reports.

## Education

High school: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

College: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Email:	_____	Time of Employment:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Email:	_____	Time of Employment:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Email:	_____	Time of Employment:	_____

**Previous Employment**

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Applicant Skills**

List any skills that may be useful to the job you are seeking and include the number of years of experience.

**Disclaimer and signature**

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 Vector Wealth Strategies, LLC, to contact former employer 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 and education.

Employment is at all times, at will. In other words, the relationship will be entirely voluntary, and either I or my employer will be able to terminate the employment relationship at any time and without any cause. With appropriate notice, I will have the complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same rights. Moreover, no agent, representative, or employee of Vector Wealth Strategies, LLC, except in a specific written contract of employment signed on behalf of the organization by its Managing Partner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

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