



Employment Application for the Veterans Curation Program

Thank you for your interest in the Veterans Curation Program! To be considered for an upcoming session at one of our flagship locations, please fill out the application below. New South Associates is an Equal Opportunity Employer

What upcoming session(s) are you applying for?

Spring/Summer (May – September) Fall/Winter (November - March)

What location(s) are you applying to? (If multiple, indicate priority below each location, 1=highest 4=lowest)

<input type="checkbox"/> Alexandria, VA	<input type="checkbox"/> Augusta, GA	<input type="checkbox"/> San Mateo, CA	<input type="checkbox"/> St. Louis, MO
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Have you applied for the VCP in the past?

Yes No If yes, when? _____

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address (list only one that you check frequently): _____

Have you ever used any other names? Yes No

If "Yes", please enter other names and dates of use: _____

Have you ever been convicted of a crime (other than minor traffic violations)? Yes No

If "Yes", please explain: _____

Are you legally eligible to work in the United States? Yes No

What date could you start work? _____

Military Experience

Branch of Service: _____

Military Job Title: _____

Name of Last Base: _____

Dates of Service: _____

Final Pay Grade / Rank: _____

Characterization of Discharge: _____

Work Experience

Most Recent Employer

Name of Employer: _____
Address of Employer: _____
Name of Supervisor: _____
Job Title: _____
Dates Employed: _____
Ending Salary: _____
Reason for Leaving: _____

Previous Employer

Name of Employer: _____
Address of Employer: _____
Name of Supervisor: _____
Job Title: _____
Dates Employed: _____
Ending Salary: _____
Reason for Leaving: _____

Previous Employer

Name of Employer: _____
Address of Employer: _____
Name of Supervisor: _____
Job Title: _____
Dates Employed: _____
Ending Salary: _____
Reason for Leaving: _____

Education Please list degrees/diplomas/certifications, date received or expected completion date, and school:

References Please list two (professional preferred) references, whose input would be relevant to work in the Veterans Curation Program. Include name, contact information, and relationship (supervisor, coworker, etc.):

1	Name: _____	Phone: _____
	Email: _____	Relationship: _____
2	Name: _____	Phone: _____
	Email: _____	Relationship: _____

How did you hear about us?

- Past Technician (please specify): _____
- Veterans Organization (please specify): _____
- Other Organization (please specify): _____
- School (please specify): _____
- Other (please specify): _____

Please tell us a little more... describe in a few sentences how you think the Veterans Curation Program can help you achieve your future goals.

DD-214

Please submit your application with a Member 4 copy of your DD-214, redacted according to the following instructions. **DO NOT ALTER YOUR ORIGINAL COPY!** To redact the information, make a copy of your original, and use a black felt-tip marker (like a Sharpie™) to cover the information in the following boxes: 3 (social security number), 23 (type of separation), 25 (separation authority), 26 (separation code), 27 (re-entry code), and 28 (narrative reason for separation). Then scan/photograph that version to attach to your application.

- I will attach my DD214 and send it to VCPJobs@newsouthassoc.com in a timely manner

Signature

By signing or digitally signing my name below, I certify that the information provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employment to continue to employ me in the future.

Signed: _____

Date: _____

Submit your application

Complete your application by sending this signed form along with your redacted DD Form 214 Member 4 Copy to VCP Outreach Coordinator, Julianne Danna, at:

Email: VCPJobs@newsouthassoc.com

Questions? Please contact Julianne Danna at 443-620-3422.

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<http://www.veteranscurationprogram.org>

