



## Employment Application for the Veterans Curation Program

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### **Personal Information**

Full Name, Including Middle Initial:

Current Address:

Home Phone:

Cell Phone:

E-Mail Address:

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?

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### **Work Experience**

#### **Most Recent Employer:**

Name of Employer:

Address of Employer:

Name of Supervisor:

Job Title:

Dates Employed:

Ending Salary:

Reason for Leaving:

#### **Previous Position:**

Name of Employer:

Address of Employer:

Name of Supervisor:

Job Title:

Dates Employed:

Ending Salary:

Reason for Leaving:

#### **Previous Position:**

Name of Employer:

Address of Employer:

Name of Supervisor:

Job Title:

Dates Employed:

Ending Salary:

Reason for Leaving:

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## **Military Experience**

Branch of Service:

Address of Last Base:

Name of Commanding Officer:

Military Occupation Specialty / Job Title:

Dates of Service:

Final Pay Grade / Rank:

Reason for Leaving:

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## **Education**

Please list all diplomas, degrees, or other courses of study that would be relevant to work in the Veterans Curation Program:

Degree/Diploma/Course 1 – School and Location, Degree or Diploma, and Course of Study

Degree/Diploma/Course 2 – School and Location, Degree or Diploma, and Course of Study

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## **References**

Please list three references, (professional references preferred,) whose input would be relevant to work in the Veterans Curation Program. Include name, contact information (phone and/or e-mail address), and relationship (supervisor, coworker, etc.):

Reference 1:

Reference 2:

Reference 3:

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## **What Term Are You Applying For?**

**Spring** (May-September)

**Fall** (November–March)

## **Which VCP Facility Are You Applying To?**

**Alexandria, VA**

**Augusta, GA**

**St. Louis, MO**

## **How Did You Hear About Us?**

**Veteran organization**

**Advertisement**

**Word of mouth**

**Other:** \_\_\_\_\_

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## **Please Tell Us A Little More....**

Please describe in a few sentences your interest in the Veterans Curation Program, and how you think the program could help you reach your future goals.

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## **Signature**

By entering 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.

Name: \_\_\_\_\_

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

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## **Submit Your Application**

Please email or fax your completed application and DD Form 214 (with personal information redacted, if possible) to:

**Email:** [VCPJOBS@newsouthassoc.com](mailto:VCPJOBS@newsouthassoc.com)

**Fax:** (770) 498-3809

Questions? Please contact Jasmine Heckman at 703-774-7027.



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*<http://www.veteranscurationprogram.org>*