



Viva Advisor Group™, Inc

7225 Colerain Ave, Suite 10 Cincinnati, OH 45239
513.521.4390 Fax: 513.728.3413 Toll Free: 877-ASK-VIVA

Employment Application

Personal

Name _____ Date of Application _____

Address _____

City _____ State _____ Zip _____

Telephone No. _____ Cell Telephone No. _____

Were you previously employed by us? Yes _____ No _____ If Yes, when? _____

Position applied for _____

Employment desired : Full Time _____ Part Time _____

Date available for work _____

Are you legally eligible for employment in the U.S.A.? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, what was the charge? _____

Educational Background

Type of School	Name and Address of Institution	How Many Years Attended	Graduated	Course / Major
High School			<input type="radio"/> Yes <input type="radio"/> No	
College			<input type="radio"/> Yes <input type="radio"/> No	
Post Graduate			<input type="radio"/> Yes <input type="radio"/> No	
Business or Trade			<input type="radio"/> Yes <input type="radio"/> No	

List any other remarks or skills you may have that qualify you for the position applied for :

Character References

List three people not related to you. (Include the name, occupation, address, and phone number for each reference.)

1. _____

2. _____

3. _____

Prior Work History

List in order, all employers, last or present employer first. Give the most complete information possible. Under "specific duties," emphasize your own tasks including kind of work and supervisory, technical or other responsibilities.

Present or Last Position

Total Time Employed

Employing Firm _____

Yrs. _____ Mos. _____

Address _____

From: _____

Your Title _____ Name of Supervisor _____

To: _____

Specific Duties _____

Full Time? Yes No

Starting Salary \$ _____

Please state name used at that time _____

Last Salary \$ _____

If last position, state reason for leaving _____

If you still work here, may we contact this employer? Yes No Phone _____

Previous Position

Total Time Employed

Employing Firm _____

Yrs. _____ Mos. _____

Address _____

From: _____

Your Title _____ Name of Supervisor _____

To: _____

Specific Duties _____

Full Time? Yes No

Starting Salary \$ _____

Please state name used at that time _____

Last Salary \$ _____

Reason for leaving _____

May we contact this employer? Yes No Phone _____

Previous Position

Total Time Employed

Employing Firm _____

Yrs. _____ Mos. _____

Address _____

From: _____

Your Title _____ Name of Supervisor _____

To: _____

Specific Duties _____

Full Time? Yes No

Starting Salary \$ _____

Please state name used at that time _____

Last Salary \$ _____

Reason for leaving _____

May we contact this employer? Yes No Phone _____

Where did you learn about this position? _____

Certificate of Applicant: I hereby certify that there are no misrepresentations or falsifications in these statements and answers to questions. I am aware that any misstatements of material facts may be cause for rejection of my application or immediate discharge. I further authorize my former employer(s) to furnish records of my former service, my reason for leaving their employ and other information they may choose to furnish; and I release them from all liability as a result.

Signature of Applicant