

- HR USE**
- Debarment Check
 - Background Check
 - Medical/Drug Screen
 - Pre-Hire Checklist

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL	(PRINT) LAST NAME		FIRST NAME		MIDDLE		DATE OF APPLICATION			
	PRESENT ADDRESS (INCLUDE ZIP CODE)						AREA CODE AND PHONE NUMBER (DAY)			
	PERMANENT ADDRESS (INCLUDE ZIP CODE)						AREA CODE AND PHONE NUMBER (EVENING OR CELL)			
	POSITION DESIRED 1st 2nd						E-MAIL ADDRESS			
	GEOGRAPHICAL PREFERENCE						WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO									
	Do you now or will you in the future require sponsorship for employment visa status? <input type="checkbox"/> YES <input type="checkbox"/> NO If applicable, state type of visa: <i>Please Note: Upon employment you will be required to submit verification of your identity and your legal right to work in the United States.</i>									
	Have you been convicted of a crime in the last seven years or are there any charges pending? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, in which state? <i>Please explain fully:</i>									
	Have you ever been employed by the government and involved in US Government procurement in any way? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain in what capacity and the dates of employment:</i>									
	<i>If you are under 18 years of age, give date of birth:</i>									
EDUCATION	NAME OF SCHOOL		LOCATION City, State, County			YEAR OF GRADUATION	DEGREE (BA, BS, MA, etc.)	COURSE OR COLLEGE MAJOR	GPA	
	High School									
	Technical Vocational School									
	Under Grad									
	Graduate School									
	Other									
	SKILLS									
	Training and Skills _____									
	Computer Software _____									
	ACTIVITIES	LIST NO ACTIVITY (UNLESS YOU WISH) WHICH REVEALS YOUR RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY.								
SCHOOL, ATHLETIC, CLASS, SCHOLASTIC, SOCIAL			COMMUNITY & BUSINESS, SOCIAL, PROFESSIONAL			VOLUNTEER ACTIVITIES (Unpaid Work Experiences)				
U.S. MILITARY	BRANCH OF ARMED SERVICE		ACTIVE DUTY FROM TO Year Year		RANK Entry Release		MAJOR DUTIES			
RESERVE STATUS					BRANCH					

For the last ten years, beginning with the most recent, list all employment including part-time employment while in school or the military and self-employment. Please account for all any breaks in employment during this ten year period. Use additional pages if the employment listed below does not cover the past 10 years. For any work for a temporary or employment agency, please list the name of the agency as the employer, not the names of the companies for which you worked. If you have used another name for employment purposes during this period, please indicate.							
EMPLOYMENT RECORD	NAME AND ADDRESS OF EMPLOYER	MO	YR	Name, Title and Phone Number of Immediate Supervisor	Title of Position and Description of Job Performed	RATE OF PAY	REASON(S) FOR LEAVING
	NAME (Present or Last Employer)	FROM				START	
	ADDRESS	TO				LEAVE	
	NAME (Last Previous)	FROM				START	
	ADDRESS	TO				LEAVE	
	NAME (Last Previous)	FROM				START	
	ADDRESS	TO				LEAVE	
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				MAY WE CONTACT YOUR PREVIOUS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
GENERAL	HAVE YOU EVER BEEN EMPLOYED BY:			IF YES, WHERE?		FROM	TO
	<input type="checkbox"/> YES <input type="checkbox"/> NO						
	REASON FOR LEAVING?						
LIST OTHER FACTS WHICH YOU FEEL MIGHT BE IMPORTANT IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT							

APPLICANTS STATEMENT AND AGREEMENT

Read the following carefully before signing this application for employment.

I HEREBY CERTIFY THAT ALL THE ANSWERS ON THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION WILL BE CONSIDERED AS JUST CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. IF I AM OFFERED EMPLOYMENT, I UNDERSTAND THAT I WILL BE REQUIRED TO COMPLETE A PRE-PLACEMENT MEDICAL EXAM, DRUG SCREEN, AND BACKGROUND CHECK BEFORE BEGINNING WORK, IN WHICH CASE THE COMPANY'S OFFER OF EMPLOYMENT WILL BE CONDITIONED UPON SATISFACTORY COMPLETION OF THESE REQUIREMENTS.

Signature: _____ Date: _____

- ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTS TO THIS APPLICATION -