



EMPLOYMENT APPLICATION

PERSONAL DATA

Position applying for:		Date of Application	SOCIAL SECURITY #	Home Phone	Cell Phone
FIRST NAME	Middle Name	Last Name	Suffix	EMAIL ADDRESS:	
Address (Number/Street)			City	State	Zip Code
Are you 18 years or older? YES NO	Current Position:	May we contact your present employer? YES NO		Have you ever worked for this company? YES NO If so, where and when:	
Salary Desired	Are you a relative of a current Company Employee?	Date you can begin:	To what extent can you work? FT PT Temporary	Are you willing to relocate if necessary?	
EDUCATION - HIGH SCHOOL		ADDRESS			GRADUATED? YES NO
COLLEGE/UNIVERSITY		ADDRESS			DEGREE
TRADE/TECHNICAL TRAINING		ADDRESS			TRADE
Military Service? YES NO	Branch of Service:	Dates of Service:	Highest Rank Held:	Training/Experience	
<p>Are there any reasonable workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes ___ No ___</p> <p>If yes, explain: _____</p> <p>_____</p>					
<p>Please list any additional information that relates to your ability to perform the job for which you have applied:</p> <p>_____</p> <p>_____</p>					

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYER (For the past 5 years - Attach additional sheet if necessary)					
EMPLOYER				DATES OF EMPLOYMENT	
ADDRESS				PHONE NUMBER ()	
SUPERVISOR'S NAME		SALARY	REASON FOR LEAVING		
EMPLOYER				DATES OF EMPLOYMENT	
ADDRESS				PHONE NUMBER ()	
SUPERVISOR'S NAME		SALARY	REASON FOR LEAVING		
EMPLOYER				DATES OF EMPLOYMENT	
ADDRESS				PHONE NUMBER ()	
SUPERVISOR'S NAME		SALARY	REASON FOR LEAVING		

REFERENCES

Please list below at least three persons who have knowledge of your work performance within the last five years. Please include professional references only.

NAME	ADDRESS	PHONE NUMBER ()
Company	Relationship	

NAME	ADDRESS	PHONE NUMBER ()
Company	Relationship	

NAME	ADDRESS	PHONE NUMBER ()

AUTHORIZATION

The Company is an equal opportunity employer. The Company does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. I authorize the Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Special Note: The Company is a government contractor and security clearances are required for certain positions. The granting of a security clearance, if required by the government, is a condition of new or continuing employment for these positions.

I understand and agree that I may be required to take one or more physical examinations and/or substance test(s) as a condition of hiring or continued employment. I agree and consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s)."

DATE _____ SIGNATURE _____

EQUAL OPPORTUNITY EMPLOYER