

APPLICATION FOR EMPLOYMENT



Name (Last, First, M.I.) _____ Social Security Number _____

Address _____ Area Code & Phone No. _____
() _____

City, State _____ Zip Code _____ Email Address: _____

Position Desired _____ U.S. Citizen
 Yes No
 If not, are you prevented from lawfully becoming permanently employed in the United States because of immigration or visa status? Yes No

What prompted your application? _____

Were you ever employed by this firm? Yes No
 If Yes: When: _____
 Location: _____

EDUCATION

SCHOOL	NAME AND LOCATION	MAJOR COURSES OF STUDY	GRADUATED	DEGREE
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No Mo.: Yr.:	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No Mo.: Yr.:	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No Mo.: Yr.:	

Subjects of Specialization _____

Special Job Related Skills (*office equipment, computer software, etc.*) _____

Membership in Professional Societies (*do not include organizations which would indicate race, religion or national origin*) _____

Professional Registrations _____

EXPERIENCE RECORD (*former Employers - including military service*)

Present or Last Employer	Type of Business
Address _____	Area Code & Phone No. _____ () _____
Name and Title of Supervisor _____	Position(s) Held _____
Dates Employed From: _____ To: _____	
Reason for Leaving _____	Salary Start: _____ End: _____
Duties and Responsibilities _____	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EXPERIENCE RECORD (continued) (former Employers - including military service)

Previous Employer	Type of Business
Address	Area Code & Phone No. ()
Name and Title of Supervisor	Position(s) Held
Dates Employed From: To:	
Reason for Leaving	Salary Start: End:
Duties and Responsibilities	

Previous Employer	Type of Business
Address	Area Code & Phone No. ()
Name and Title of Supervisor	Position(s) Held
Dates Employed From: To:	
Reason for Leaving	Salary Start: End:
Duties and Responsibilities	

Previous Employer	Type of Business
Address	Area Code & Phone No. ()
Name and Title of Supervisor	Position(s) Held
Dates Employed From: To:	
Reason for Leaving	Salary Start: End:
Duties and Responsibilities	

Previous Employer	Type of Business
Address	Area Code & Phone No. ()
Name and Title of Supervisor	Position(s) Held
Dates Employed From: To:	
Reason for Leaving	Salary Start: End:
Duties and Responsibilities	

Summarize patents, publications and other significant work or research you have done.

RESIDENCE (Account for last five years/Attach additional sheet as needed)

Date (Mo./Yr.)	Full Address
From:	
To:	

Professional or Business References

Name/Occupation	Address/Phone No.
1)	
2)	
3)	
4)	

Personal References (Name three people, not relatives or employees, who are acquainted with you)

Name in Full:	Years Known:
Home Address _____	Area Code and Phone Number
Business Address _____	Area Code and Phone Number
Name in Full:	Years Known:
Home Address _____	Area Code and Phone Number
Business Address _____	Area Code and Phone Number
Name in Full:	Years Known:
Home Address _____	Area Code and Phone Number
Business Address _____	Area Code and Phone Number

This information is provided voluntarily. It will be kept confidential. Refusal to provide it will not subject you to any adverse treatment.

STATEMENT ON HANDICAPPED PERSONS

Section 503 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 prohibit discrimination against any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or who is regarded as having such an impairment. Declaration of a mental or physical handicap will protect your rights under the law, but will not act as a barrier to obtaining or continuance of employment.

I wish to declare myself as a handicapped person. Yes No

STATEMENT ON VIETNAM ERA OR DISABLED VETERANS

Section 2012 of the Vietnam Era Veterans Readjustment Act of 1974 requires Affirmative Action to employ and advance in employment qualified disabled and Vietnam Era veterans. A disabled veteran is a person entitled to disability compensation administered by the Veterans Administration. A veteran of the Vietnam Era is one who served on active duty for a period of 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge.

I qualify under the Vietnam Era Veterans Readjustment Act Yes No
If Yes, indicate: Veteran of the Vietnam Era Disabled Veteran of the Vietnam Era Disabled Veteran (other than Vietnam)

Physical Accommodations

Do you have any physical condition or handicap that may limit your ability to perform the job for which you are applying or which may endanger the health and safety of others?
 Yes No

If the answer to the above question is Yes, please describe any special methods, skills, or procedures you would use to perform the job.

You can assist us by describing the accommodations that we could make to enable you to perform the job properly and safely. Accommodations may include special equipment, changes in the physical layout of the work environment, and the elimination of certain duties related to the job.

EQUAL EMPLOYMENT OPPORTUNITY

The Company maintains a policy of non-discrimination for all employees and applicants in every facet of the company's operations. In compliance with federal and state laws, The Company hires, trains, and promotes all qualified employees without unlawful discrimination on the basis of race, color, sex, age, religious creed, marital status, citizenship, national origin, sexual orientation, physical or mental handicap. This policy also applies to disabled veterans and veterans of the Vietnam Era.

If you wish to discuss The Company's Affirmative Action/Equal Employment Opportunity Policies and Procedures, please contact the Company Human Resources Department.

CERTIFICATIONS

I understand and agree that this application is not a contract and that acceptance of employment is not a contract of employment for a specified term. I understand and agree that I may resign my employment with the Company at any time for any reason, and that my employment may be terminated at the will of the Company at any time for any reason. I also understand that any handbooks, manuals, policies, and procedures maintained by the Company are not contractual in nature and may be amended or abolished at the sole discretion of the Company at any time.

Further, should I become an employee of the Company, I will adhere to the Company and/or Client's Code of Ethics and Standards of Conduct, will report all suspected violations of law related thereto, and will conduct the company's business in a strictly ethical and legal manner. Furthermore, I acknowledge that the Company has established a Drug Free Workplace Program and that as a condition of employment with the Company, I will abide by the terms of the Company's Drug Free Policy and related management instructions. I will, in addition, obey all the laws of the United States and of all countries, states, and nations where the Company does business or seeks to do business.

Persons employed by the Company have access to confidential information regarding various phases of Company business. Therefore, the Company follows the usual practice of requiring certain new employees at the time of employment to sign an Employment and Confidentiality Agreement and/or a Non-Disclosure Agreement. I understand that I may be required to sign such agreements as a condition of employment. (Please ask Human Resources Representative for a copy.)

Pursuant to the Immigration Reform and Control Act, the Company will employ only those individuals who are eligible to work in the United States. Accordingly, upon hiring, all new employees will be required to demonstrate their eligibility to work in the United States. Failure to do so will result in termination or revocation of the offer of employment.

I certify that I have read, understand and will adhere to the aforementioned statements.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature of Applicant: _____ Date: _____