



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME _____ **SSN** _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. Home: _____ **Cell:** _____ **EMAIL** _____

EMERGENCY CONTACT _____
NAME & RELATIONSHIP PHONE NO. ADDRESS

DO YOU HAVE ANY MEDICAL CONDITION/DISABILITY? _____ **IF YES, PLEASE EXPLAIN** _____

U.S. CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE U.S.? _____

ARE YOU ELIGIBLE FOR SECURITY CLEARANCE? _____ **CLEARANCE LEVEL:** _____ **IS IT CURRENT?** _____

EMPLOYMENT DESIRED

POSITION _____ **START DATE** _____ **SALARY DESIRED** _____

ARE YOU CURRENTLY EMPLOYED? _____ **MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?** _____

REFERRED BY _____ **EVER APPLIED TO THIS COMPANY BEFORE?** _____ **WHERE?** _____ **WHEN?** _____

EDUCATION (ATTACH RESUME IF AVAILABLE)

HIGH SCHOOL NAME: _____
CITY STATE YEAR COMPLETED

DEGREE/CERTIFICATION(S) _____
TYPE MAJOR YEAR INSTITUTION

DEGREE/CERTIFICATION(S) _____
TYPE MAJOR YEAR INSTITUTION

SPECIAL SKILLS AND/OR RESEARCH WORK _____

EMPLOYMENT HISTORY (ALSO ATTACH RESUME IF AVAILABLE)

DATES	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR (PROFESSIONAL REFERENCES PREFERRED).

NAME	ADDRESS & PHONE NO.	BUSINESS	YEARS KNOWN

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

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 PRIOR NOTICE AND WITHOUT CAUSE. I ALSO AGREE, UPON SEPARATION, THAT I WILL NOT SOLICIT ANY CONTRACTS OR BUSINESS OPPORTUNITIES FROM THE FIRM'S CLIENTS OR EMPLOYEES FOR A PERIOD OF 1 YEAR OR DIRECTLY COMPETE WITH THE FIRM ON SIMILAR WORK FOR A PERIOD OF 1 YEAR.

I FURTHER UNDERSAND THAT ALL PROPERTY/PRODUCTS DEVELOPED, WHILE AN EMPLOYEE/CONSULTANT, BELONGS TO EMPLOYER. NO PROPERTY OR ARTICLE MAY BE REMOVED FROM PREMISES WITHOUT THE WRITTEN CONSENT. ANY PERSONAL USE OR USE FOR THE BENEFIT OF OTHERS IS STRICTLY PROHIBITED. ALL SUCH PROPERTY MUST BE RETURNED ON DEMAND. ACCESS TO ALL INFORMATION AND PROPERTY, AS AN EMPLOYEE/CONSULTANT, IS CONSIDERED PRIVILEGED, CONFIDENTIAL, AND PROPRIETARY. AS CONDITION OF my EMPLOYMENT I AGREE TO KEEP ALL FIRM PROVIDED MATERIAL, TOOLS, METHODOLGIES, CONCEPTS, AND KNOW-HOW, CONFIDETNIAL AND FOR THE SOLE AND EXCLUSIVE BENEFIT OF THE FIRM. NO MATERIALS MAY BE DUPLICATED, COPIED OR REPRODUCED WITHOUT THE WRITTEN AUTHORIZATION.

DATE _____ APPLICANT SIGNATURE _____