

EDUCATION

Type of School	Name Location	Number of Years Attended	Area of Study	Diploma or Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

TRAINING COURSES

List any relevant training programs you have completed.

Course/Seminar	Sponsoring Organization	Content	Dates Attended

REQUIRED LICENSES

If required to drive a motor vehicle for the job you are applying, please list your:

Driver License Number

State Issued

Are you licensed with any group, association, or society relating to the job for which you are applying?

Yes No If yes, please fill out the information below.

Registration or License Number	State Issued	Expiration Date
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EMPLOYMENT HISTORY

Please list your employment history starting with the most recent job.

Name of Company	Telephone Number of Company ()
Address of Company	
Job Title	Name of Immediate Supervisor
Description of Duties	
Salary History Starting Wages Ending Wages	Employment Dates Start (month, year) to End (month, year)
Reason for Leaving	
If currently employed, may we contact as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Company	Telephone Number of Company ()
Address of Company	
Job Title	Name of Immediate Supervisor
Description of Duties	
Salary History Starting Wages Ending Wages	Employment Dates Start (month, year) to End (month, year)
Reason for Leaving	
If currently employed, may we contact as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Company	Telephone Number of Company ()
Address of Company	
Job Title	Name of Immediate Supervisor
Description of Duties	
Salary History Starting Wages Ending Wages	Employment Dates Start (month, year) to End (month, year)
Reason for Leaving	
If currently employed, may we contact as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Company	Telephone Number of Company ()
Address of Company	
Job Title	Name of Immediate Supervisor
Description of Duties	
Salary History Starting Wages Ending Wages	Employment Dates Start (month, year) to End (month, year)
Reason for Leaving	
If currently employed, may we contact as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT REFERENCES

Please list individuals familiar with your job qualifications (no relatives or personal friends).

Name	Address
Telephone Number ()	E-mail Address
Relationship	How long known

Name	Address
Telephone Number ()	E-mail Address
Relationship	How long known

Name	Address
Telephone Number ()	E-mail Address
Relationship	How long known

Please read carefully before signing this form.

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or because for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that passing a drug screen at the company's clinic of choice is required before any job offer will be made and that for certain positions (all production positions and some office positions), passing a fitness for duty exam is also required before any job offer will be made.
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms or conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signature of Applicant _____ Date _____

Thank you for your interest in our company.

VOLUNTARY SELF-IDENTIFICATION FORM

The information requested below is used by Systems, Inc. only to maintain records required of employers doing business with the federal government. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH SYSTEMS, INC. If you choose to respond, any information supplied by you on this voluntary supplement will not affect your employment opportunities with Systems, Inc., which is an equal employment opportunity employer.

Name of Applicant _____

Date of Application _____

Job Applied For _____

___ I am willing to disclose this information. If so, please respond below.

___ I do not wish to disclose this information.

Race/Ethnicity (select one or more)

___ American Indian or Alaska Native

___ Asian

___ Native Hawaiian or other Pacific Islander

___ Black or African American

___ White

___ Hispanic or Latino (white race only)

___ Hispanic or Latino (all other races)

Sex

___ Male

___ Female

VOLUNTARY SELF-IDENTIFICATION FORM

(Disabled Individuals/Special Disabled Veterans/Other Protected Veterans)

Providing the information requested in this form is voluntary and will assist in maintaining affirmative action programs to promote employment opportunities of disabled individuals, special disabled veterans, and other protected veterans. Such disclosure by you will further enable the company to assist you in an appropriate manner concerning your employment. Disclosure or refusal to provide such information will in no way result in adverse treatment. All information regarding your disability will be kept confidential and will be used only in ways consistent with federal reporting requirements, except that (1) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities and disabled-veteran employees, and regarding necessary accommodations; (2) first-aid and safety personnel may be informed, when and to the extent appropriate, if a condition might require emergency treatment; and (3) government officials engaged in enforcing the Americans with Disabilities Act and laws regulating government contractors may be informed.

Please indicate the category or categories that apply to you.

If none of these categories apply to you, leave the page blank, but still submit it with your application.

1. Individual with Disability - defined as a person who...

- A. Has a physical or mental impairment which substantially limits one or more of your major life activities,
- B. Has a record of such an impairment, or
- C. Is regarded as having such an impairment.

2. Special Disabled Veteran - defined as...

- A. A veteran who is entitled to compensation (or who but for the receipt of Military retirement pay would be entitled to compensation) under laws administered by the Department of Veteran Affairs of a disability.
 - 1. Rated at 30 percent or more, or
 - 2. Rated at 10 to 20 percent in the case of veteran who has been determined under section 1506 of Title 38, U.S.C., to have a serious employment handicap, or
 - 3. A person who was discharged or released from active duty because of a service connected disability.

3. Veteran of Vietnam Era - defined as a person who served more than 180 days of active military, naval, or air service, any part of which was during the period of February 28, 1961 through May 7, 1975; and

- A. Was discharged or released there with other than a dishonorable discharge, or
- B. Was discharged or released from active duty because of a service-connected disability.

4. Other Eligible Veterans

- A. Veterans who served in a war including veterans with active duty service between December 7, 1941 and April 28, 1952, or
- B. Veterans who served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

List accommodations needed to assist you in performing the essential functions for your job.

- 1. _____
- 2. _____
- 3. _____