



Application for Employment

Address: 1617 Washington Plaza N. Reston, Va. 20190
703-707-0660

Name: (Last)	(First)	(Middle Initial)	Social Security Number
Street Address:		City:	State: Zip Code:
Home Phone:	Cell Phone:	Email Address:	

Are you a U.S. citizen or do you have the legal right to work in the U.S?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any offer of employment is conditional upon you completing Form I-9 and providing documents verifying your identity and work authorization.
---	---------------------------------	--------------------------------	---

Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If under 18 years of age, applicant will be required to submit a birth certificate or work certificate as required by law.
-----------------------------------	---------------------------------	--------------------------------	--

Have you ever pleaded "guilty", "no-contest" or been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", when and where?
If "Yes", provide more details here:			

Type of Employment desired:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Date Available to Start:
How many hours a week would you be willing to work?	How were you referred to us?		

Education

Are you currently enrolled in School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please provide name and address of school:		
School Name and Address:	Type of Degree or Program:	Expected Completion Date:

Did you successfully complete high school and receive a diploma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you did not complete high school, do you have a high school diploma equivalency diploma (GED)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	---------------------------------	--------------------------------	---	---------------------------------	--------------------------------

Name and Address of last School:	Dates Attended:	Did you Graduate?	Date of Degree:	Major:
	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List any other education, degrees, special skills, qualifications or certifications:				

Availability

Available Hours to Work	Mon	Tue	Wed	Thur	Fri	Sat	Sun
From:							
To:							
From:							
To:							

Employment History

Company Name and Address:		Job Title:		
Company Phone Number:	Supervisor Name:	Dates of Employment:	From:	To:
Last Pay Rate:	Reason for Leaving:	May we contact this Employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company Name and Address:		Job Title:		
Company Phone Number:	Supervisor Name:	Dates of Employment:	From:	To:
Last Pay Rate:	Reason for Leaving:	May we contact this Employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company Name and Address:		Job Title:		
Company Phone Number:	Supervisor Name:	Dates of Employment:	From:	To:
Last Pay Rate:	Reason for Leaving:	May we contact this Employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

References

Name:	Address:	Phone:	Relationship To You:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations of all statements contained in this application including education, prior employment, financial, criminal background and other related matters as may be necessary for an employment decision. I hereby release schools, employers, law enforcement agencies, credit bureaus or individuals from all liability when responding to inquiries in connection with this application for employment. If I should be employed by the Company, I understand that any false, incomplete, or misleading information given on this application or during an interview could result in immediate discharge.

In the event that I am employed by the Company, I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire probationary period of up to (90) days and upon my continued successful job performance. I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Company, any employment relationship with the Company is considered "employment at will", which means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause.

Signature of Applicant:	Date:
-------------------------	-------