



APPLICATION FOR EMPLOYMENT

(Please type or print answers)

Position (s) Sought _____ Date of Application _____

GENERAL

Name _____ Home Phone () _____

Address Last First MI Cell Phone () _____

Address City State Zip Work Phone () _____

E-mail address _____

Are you known to Schools/References/Employers by another name? Yes No

If yes, by what name? _____

Have you ever applied to or been employed by this Company before?

Yes No Date(s) _____ Location(s) _____

Are you either a citizen of the United States or an alien lawfully authorized to work in the United States?

Yes No

Are you at least 21 years of age? Yes No

Are there certain times or days you cannot work? Yes No

If yes, specify the times or days _____

Have you ever been convicted of, or plead guilty to, a felony or misdemeanor, including driving under the influence of intoxicants? (Not to be completed by applicants in Hawaii, prior to a conditional offer of employment. California, Connecticut and Illinois applicants are not required to disclose the existence of any criminal charges or convictions that have been erased, expunged or sealed. California applicants are not required to disclose misdemeanor convictions involving marijuana that are more than two years old or misdemeanor convictions for which probation has been successfully completed or discharged and that have been judicially dismissed. In Massachusetts, "An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution." Massachusetts applicants are not required to disclose misdemeanor convictions that are more than five years old or a first conviction for drunkenness, simple assault, speeding, minor traffic violation, affray or disturbance of the peace. Utah applicants are not required to disclose misdemeanor convictions? Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION

	School Name and Address	Years Completed (Check where applicable)	Diploma or Degree	Describe Course of Study
High School		<input type="checkbox"/> 9 th , <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th , <input type="checkbox"/> 12 th		
Trade, Business, Correspondence, Vocational		<input type="checkbox"/> 1, <input type="checkbox"/> 2 <input type="checkbox"/> 3, <input type="checkbox"/> 4		
College/University		<input type="checkbox"/> 1, <input type="checkbox"/> 2 <input type="checkbox"/> 3, <input type="checkbox"/> 4		
Graduate/Professional		<input type="checkbox"/> 1, <input type="checkbox"/> 2 <input type="checkbox"/> 3, <input type="checkbox"/> 4		

PREVIOUS EMPLOYMENT

(List most recent employment first. A detailed resume may be attached in addition to completing the following spaces.)

1.

FROM		TO	
Month	Year	Month	Year

 Employer _____ Your last rate of pay _____
 May we contact? Yes No Phone() _____ Supervisor's Name _____
 Address _____
 Reason for leaving _____
 Give your job title and full description of your duties and work performed _____

2.

FROM		TO	
Month	Year	Month	Year

 Employer _____ Your last rate of pay _____
 May we contact? Y/N Yes No Phone() _____ Supervisor's Name _____
 Address _____
 Reason for leaving _____
 Give your job title and full description of your duties and work performed _____

3.

FROM		TO	
Month	Year	Month	Year

 Employer _____ Your last rate of pay _____
 May we contact? Yes No Phone() _____ Supervisor's Name _____
 Address _____
 Reason for leaving _____
 Give your job title and full description of your duties and work performed _____

4.

FROM		TO	
Month	Year	Month	Year

Employer _____ Your last rate of pay _____

May we contact? Yes No

Phone() _____ Supervisor's Name _____

Address _____

Reason for leaving _____

Give your job title and full description of your duties and work performed _____

OTHER SKILLS, TRAINING, ACTIVITIES

Describe any other job-related information you think would be helpful to us in considering you for employment, such as specialized or military training, skills, extracurricular school activities, special studies, patents, inventions, publications, accomplishments, and additional work experience (you may exclude all information indicative of age, sex, race, religion, color, national origin or disability):

REFERENCES

Give the names and phone numbers of three professional references, not including family members; at least one should be a supervisor.

1. _____

2. _____

3. _____

APPLICANT'S CERTIFICATE AND RELEASE

(Read Carefully Before Submitting Application)

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions will constitute sufficient grounds for rejection or for subsequent dismissal if I am hired. I am genuinely seeking employment with the Company and have no other purpose in applying for a job.

I hereby authorize any current or former employer, school, person, firm, corporation, consumer or credit reporting agency, or government agency to answer any and all questions and to release or provide any information within their knowledge or records, and I agree to hold any or all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records, and I also agree to hold the Company blameless and free of any liability for using any information received from such parties in making an employment decision regarding me.

The Company is hereby authorized to release any other firm or person with whom I may seek employment, any and all information concerning my employment or application, including any information received from a third party as a result of an inquiry such as described in the foregoing paragraph, and I agree to hold the Company blameless and free of any liability for releasing any such information.

In the event of employment, I understand that I will be required to abide by all rules and regulations of the Company (including the signing of any required agreements dealing with inventions, confidential information or any other terms or conditions of employment) which are now in effect or may be established in the future.

I further understand that in the event of employment, I will need to comply with the security procedures of the Company which may require obtaining a government security clearance. I also may be required to complete a government Personal Security Questionnaire, be fingerprinted, and undergo other related processes.

In compliance with the Immigration law, I understand that if I am offered a job by the company, my employment will be conditioned upon my timely production and completion of documents required to verify my eligibility for employment in the United States.

A photocopy of this signed Applicant's Certificate and Release shall have the same force and effect as an original.

I also understand that the issuance of this application does not indicate that there are any positions open and does not in any way obligate the Company.

I understand that any employment offer (or continued employment if employed) will be contingent upon my complying with all requirements outlined in this "Applicant's Certificate and Release" and any other employment - related requirements of the Company.

I understand that if this application is for a staff position, it will be valid only for a period of 90 days after the date I sign it. If I wish to be considered for staff employment after that period, I will have to renew my application in person and in writing.

THIS EMPLOYMENT APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. SHOULD I BE OFFERED EMPLOYMENT OR BECOME EMPLOYED BY THE COMPANY, I UNDERSTAND THAT BOTH THE COMPANY AND I MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE AND WITHOUT LIABILITY TO ME FOR WAGES, SALARY, OR OTHER COMPENSATION EXCEPT SUCH AS I MAY HAVE EARNED THROUGH THE DATE OF SUCH TERMINATION. THIS PROVISION CANNOT BE CHANGED EXCEPT IN A WRITTEN EMPLOYMENT AGREEMENT SIGNED BY ME AND AN AUTHORIZED COMPANY REPRESENTATIVE.

I certify that I have carefully read the above and submit this application with full knowledge of these requirements.

Date

Signature of Applicant

One Step Beyond, Inc. is committed to providing Equal Opportunity to all applicants and employees regardless of race, color, creed, religion, national origin, sexual orientation, age, gender, disability, medical condition, or status as a Disabled or Vietnam Era Veteran.

Applicant Affirmative Action Program Self Identification Form

Required Information

Name: _____ Date of Application: _____

Position(s) for which you are applying: _____

Voluntary Information

NEMA is a government contractor and to comply with the regulations for equal employment opportunity and affirmative action (EEO/AA), we must track our applicants by gender and race/ethnicity and the position they applied for to the government. We are an organization that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the government. When reported, data will not identify any specific individuals.

Gender: Male Female

Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).

Race/Ethnic Identification (check one):

Are you Hispanic or Latino? Yes No

If you answered "Yes" you have completed this form. If you answered "No" please select a race from the options below.

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

I do not wish to disclose.

Voluntary Self-Identification of Protected Veteran Status

Why are you being asked to complete this form?

As a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974(VEVRAA), the University of Dayton is required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category.

The protected veteran categories are defined as follows:

1. A "disabled veteran" is one of the following:
 - a. a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - b. a person who was discharged or released from active duty because of a service-connected disability.
2. A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
3. An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
4. An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN**
- RECENTLY SEPARATED VETERAN**
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN**
- ARMED FORCES SERVICE MEDAL VETERAN**
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.**
- I am NOT a protected veteran.**

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Your Name

Today's Date