



Military Personnel Services Corporation
 6066 Leesburg Pike, Suite 900
 Falls Church, VA 22041

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on the Company. Please inform the Company's Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

(PLEASE PRINT CLEARLY)

Position(s) Applied For	Date of Application
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How Did You Learn About Us? If a referral, please state name in appropriate box.

Advertisement Friend/Relative Inquiry
 Employment Agency Employee Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone:		
Email Address:		

Best time to contact you at home is _____:_____AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? Yes No
 If Yes, please explain _____
A positive response is not an automatic bar to employment with the company. The offense for which the person was convicted in relation to the position to which they have applied will be considered. Date Convicted _____

Date available for work _____/_____/_____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time
 Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Employment Dates		Work Performed
Address	From (mm/yy)	To (mm/yy)	
Starting/Present Job Title			
Supervisor	Starting Salary	Ending Salary	
Telephone Number(s)			
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Employment Dates		Work Performed
Address	From (mm/yy)	To (mm/yy)	
Starting/Present Job Title			
Supervisor	Starting Salary	Ending Salary	
Telephone Number(s)			
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Employment Dates		Work Performed
Address	From (mm/yy)	To (mm/yy)	
Starting/Present Job Title			
Supervisor	Starting Salary	Ending Salary	
Telephone Number(s)			
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Employment Dates		Work Performed
Address	From (mm/yy)	To (mm/yy)	
Starting/Present Job Title			
Supervisor	Starting Salary	Ending Salary	
Telephone Number(s)			
Reason for Leaving		May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/equipment operated)

___ Terminal ___ PC/MAC ___ Typewriter WPM _____	___ Spreadsheet ___ Word Processing ___ Shorthand WPM _____	Production/Mobile Machinery (list) _____ _____ _____	Other (list) _____ _____ _____
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State any additional information you feel may be helpful to us in considering your application.

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PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			
4.			
5.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I certify that the information provided within my resume attached herein is true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ Signature of Applicant	_____ Date