



17290 River Ridge Blvd Bldg"A"
Ste 303
Woodbridge, VA 22191
Office: 703-291-0278
Fax: 703-291-0281

Application For Employment

Date:

Last Name	MI	First Name	Birthdate	Social Security Number
Street Address		City	State/Zip	How Long?
Home Telephone	Business Telephone	E-Mail Address		Convicted of a crime, found guilty, or plead guilty or no contest? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*see below</i>
Date Available to Work	Position	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp	Salary Desired	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Advertisement <input type="checkbox"/> Company Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other			Ever Employed by Strike Group LLC?	
How were you referred to Strike Group? Check all that apply			Name of Employee Who Referred You	
List any friends or relatives who are currently employed by Strike Group				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you eligible to work in the USA?	Military Service?	Branch/Rank	Dates of Service (Mo/Yr to Mo/Yr)	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Name and Address of High School		Dates Attended	Graduate?	Check One
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Address of College		Dates Attended	Graduate?	List Degree
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Address of College (If additional schooling, certifications, etc. apply, include with resume)		Dates Attended	Graduate?	List Degree
Do you have an MLS or MLIS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List below Three Professional References with Area Code and Telephone Number:				

*This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order or applicable laws of another state, you are responsible for verifying the expungement or sealing prior to answering "NO". YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION FOR EMPLOYMENT WITH STRIKE GROUP, LLC.

Previous Employment—Start with your most recent employment

Name and Address of Most Recent Employer			Employment Dates (Mo/Yr to Mo/Yr)	Position
Supervisor's Name	Beginning Salary	Ending Salary	Telephone Number	Reason for Leaving
Short Description of Duties:				
May We Speak With You Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name and Address of Employer			Employment Dates (Mo/Yr to Mo/Yr)	Position
Supervisor's Name	Beginning Salary	Ending Salary	Telephone Number	Reason for Leaving
Short Description of Duties:				
Name and Address of Employer			Employment Dates (Mo/Yr to Mo/Yr)	Position
Supervisor's Name	Beginning Salary	Ending Salary	Telephone Number	Reason for Leaving
Short Description of Duties:				
<p>I have provided information to Strike Group, LLC for its use in reviewing my employment background and qualifications. I certify that the information I have provided is true and accurate to the best of my knowledge and I understand that falsification may disqualify me for employment or lead to immediate dismissal from employment. As part of the hiring process, I authorize Strike Group, LLC to speak with my references and former employers about my work experience and qualifications and authorize any background checks Strike Group, LLC may deem necessary for employment.</p> <p>Signed _____ Date _____</p>				

EEO GOVERNMENT REPORT DATA COLLECTION

APPLICANTS FOR EMPLOYMENT: THE INFORMATION REQUESTED ON THIS FORM IS REQUIRED FOR FEDERAL GOVERNMENT REPORTING REGULATIONS. THE INFORMATION WILL BE KEPT SEPARATE FROM APPLICATIONS AND WILL NOT AFFECT YOUR CANDIDACY.

A	
	SOCIAL SECURITY NUMBER
B	
	LAST NAME FIRST MI
C	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> TWO OR MORE RACES, SPECIFY RACES _____
	EEO RACE CODE (PLEASE CHECK THE BOX WHICH DESIGNATES YOUR RACE)
D	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	SEX (PLEASE CHECK APPROPRIATE BOX)
E	PLEASE CHECK APPROPRIATE BOX: <input type="checkbox"/> YES <input type="checkbox"/> NO CHOOSING YES MEANS ANY PERSON WHO HAS A PHYSICAL OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES, HAS A RECORD OF SUCH IMPAIRMENT, OR IS REGARDED AS HAVING SUCH IMPAIRMENT
	HANDICAP STATUS
F	<input type="checkbox"/> VIETNAM ERA VETERAN IS A PERSON WHO SERVED ACTIVE DUTY FOR A PERIOD OF MORE THAN 180 DAYS, ANY PART OF WHICH OCCURRED BETWEEN 8/5/64 AND 5/7/74, WITH ANY DISCHARGE OTHER THAN DISHONORABLE <input type="checkbox"/> DISABLED VIETNAM VETERAN <input type="checkbox"/> DISABLED VETERAN (NOT VIETNAM ERA)
	VETERAN STATUS (PLEASE CHECK APPROPRIATE BOX)
G	STATE THE POSITION FOR WHICH YOU ARE APPLYING _____
H	<input type="checkbox"/> EMPLOYEE REFERRAL <input type="checkbox"/> NEWSPAPER HELP WANTED AD <input type="checkbox"/> AGENCY REFERRAL <input type="checkbox"/> STATE JOB SERVICE <input type="checkbox"/> OTHER _____ IF PRINTED ADVERTISEMENT, PLEASE GIVE NAME OF PUBLICATION _____ IF EMPLOYEE REFERRAL, PLEASE GIVE PERSON'S NAME: _____
	WHAT SOURCE PROMPTED YOU TO APPLY FOR THIS POSITION?
<input type="checkbox"/> I HAVE READ THE ABOVE STATEMENT AND VOLUNTARILY PROVIDE THE REQUESTED INFORMATION TO BE USED FOR THE PURPOSE INTENDED.	
<input type="checkbox"/> I HAVE READ THE ABOVE STATEMENT AND DECLINE THE INVITATION TO PROVIDE THE REQUESTED INFORMATION.	
SIGNATURE: _____ DATE: _____	

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that my employment is "At Will" I have the right to terminate my employment at any time with or without notice, and Strike Group has the same right. No one other than an Executive Officer of Strike Group has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that Strike Group reserves the right to require me to submit to a drug test at any time. Strike Group reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I authorize Strike Group to investigate my driving record, my criminal record and my credit history.

I further understand that Strike Group may contact my previous employers. I authorize those employers to disclose to Strike Group all records and other information pertinent to my employment with them. I also authorize Strike Group to provide truthful information concerning my employment with it to my future prospective employers. I agree to hold Strike Group harmless for providing such information.

I hereby declare the information provided by me in this application, and any subsequent interview, is true and complete. I understand that misrepresentations, omissions facts, or falsification of information on this application or any subsequent interviews will lead to refusal to hire, or if hired termination.

DO NOT SIGN UNTIL YOU HAVE READ, UNDERSTAND AND WILL COMPLY WITH STATEMENT.

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I understand that the Company may contact any or all of the above listed references and I authorize these references to disclose to the Company all records and other information pertinent to my business/personal relationship with them.

I hereby declare the information provided by me in this application is true and complete, and I understand the misrepresentations, omissions of facts, falsification of this information will lead to refusal to hire, or if hired, termination.

Date: _____

Signature of Applicant: _____