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|  | | | | | | | | | 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? | | | |
|  | | | | |  | | | | | |  | | | | | | | | | | | | | | Convicted of a crime, found guilty, or plead guilty or no contest? | | | | | | |
| **Home Telephone** | | | | | **Business Telephone** | | | | | | **E-Mail Address** | | | | | | | | | | | | | | Yes No \**see below* | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | **€ FT € PT € Temp** | | | | |  | | | | | | | | | € Yes € No | | | | | | |
| Date Available to Work | | Position | | | | | | | | | Check One | | | | | Salary Desired | | | | | | | | | **Ever Employed by Strike Group LLC?** | | | | | | |
| € Advertisement € Company Employee € Employment Agency € Other | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 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 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **€ Yes € No** | | | | € Yes € No | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |
| **Are you eligible to work in the USA?** | | | | Military Service? | | | | Branch/Rank | | | | | | | | | | **Dates of Service**  **(Mo/Yr to Mo/Yr)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | € Yes € No | | | | | **€ Diploma**  **€ GED** | |
| Name and Address of High School | | | | | | | | | | | | | | | | | | | | | | Dates **Attended** | | | Graduate? | | | | | **Check One** | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | **€ Yes € No** | | | | |  | |
| Name and Address of College | | | | | | | | | | | | | | | | | | | | | | Dates **Attended** | | | Graduate? | | | | | ListDegree | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | **€ Yes € No** | | | | |  | |
| **Name and Address of College**  (If additional schooling, certifications, etc. apply, include with resume) | | | | | | | | | | | | | | | | | | | | | | Dates **Attended** | | | Graduate? | | | | | ListDegree | |
| Do you have an MLS or MLIS? € Yes € No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List below Three Professional References with Area Code and Telephone Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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\*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**

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|  | | |  |  |
| 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? € Yes € 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: |  | | | |
|  | | | | |
| 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.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| **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 | WHITE  BLACK or AFRICAN AMERICAN  ASIAN  HISPANIC or LATINO  NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER  AMERICAN INDIAN or ALASKA NATIVE  TWO OR MORE RACES, SPECIFY RACES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **EEO RACE CODE (PLEASE CHECK THE BOX WHICH DESIGNATES YOUR RACE** |
| D | MALE  FEMALE |
|  | **SEX (PLEASE CHECK APPROPRIATE BOX)** |
| E | PLEASE CHECK APPROPRIATE BOX:  YES  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 | VIETNAM ERA VETERAN IS A PERSON WHO SERVED ACTIVE DUTY FOR A PERIOD OF MORE THAN 180  DAYS, ANY PART OF WHICH OCCURRED BETWEENE 8/5/64 AND 5/7/74, WITH ANY DISCHARGE OTHER  THAN DISHONORABLE  DISABLED VIETNAM VETERAN  DISABLED VETERAN (NOT VIETNAM ERA) |
|  | **VETERAN STATUS (PLEASE CHECK APPROPRIATE BOX)** |
| G | STATE THE POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| H | EMPLOYEE REFERRAL  NEWSPAPER HELP WANTED AD  AGENCY REFERRAL  STATE JOB SERVICE  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?** |
| I HAVE READ THE ABOVE STATEMENT AND VOLUNTARILY PROVIDE THE REQUESTED INFORMATION TO BE  USED FOR THE PURPOSE INTENDED.  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_