



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, religion, national origin, disability or veteran status.
 Return to: Attn: HR 8641 Breeden Ave., Manassas, VA 20110 or fax to (703) 369-7141

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date
Street Address		Home Telephone ()	
City, State, Zip		Business Telephone ()	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			
Position Desired ***must list a specific open job title in order to be considered			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Interested in: (Please circle) Day Shift Night Shift Either
Have you ever been convicted of a felony? *disclosure is not an automatic bar for employment <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work? _____
Other computer skills, special training, licenses skills (languages, machine operation, etc.)		If hired, you may be called on to drive an agency vehicle. Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State issued from? _____ Date of issue: _____ Expiration date: _____	

EDUCATION

School	Name and Location of School	Course of Study	Did You Graduate?	No. of Years Completed	Degree/ Diploma
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/Trade/ Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Membership in Professional or Civic Organizations <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

CURRENT AND PRIOR EMPLOYERS*

*incomplete applications or those saying "see resume" will not be considered, start with your current job

Company Name	Telephone ()
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone ()
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone ()
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone ()
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE

The information, provided in this Application for Employment, is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative, consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature of Applicant

Date of application

Printed name of Applicant



Affirmative Action Applicant Data Sheet

Revision. 2 - 10/09

To be completed by the applicant. Not for interview purposes. This information is used to satisfy the Affirmative Action requirement of Section 503 of the Rehabilitation Act, Executive Order 11246, and other Federal requirements. In an effort to comply with Federal requirements for record keeping, we ask that you voluntarily complete this applicant data sheet. Your cooperation is appreciated and helps us maintain our dedication to equal employment opportunity.

Please be advised that this is NOT a part of your official application and it is considered confidential information that is not used in the hiring process. Didlake, Inc. considers applicants for all positions without regard to race, color, religion, gender, veteran status or any other legally protected status.

Position applied for: _____ Date of application: _____

Name: _____ Phone: _____

Affirmative Action Information: Please check the appropriate blanks.

_____ Male _____ Female

Americans with Disabilities Act and Veterans Information:

_____ Individual with a disability _____ Disabled Veteran

_____ Recently Separated Vet *veterans within 36 months from discharge or release from active duty

_____ Armed Forces service medal veterans * veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985

_____ Other protected Veterans *served on active duty during a war or in a campaign or expedition for which a campaign badge is awarded

Equal Employment Opportunity Identification Group you identify with:

_____ Black or African American _____ Asian*Far East, Southeast Asia, Philippines and Indian subcontinent

_____ Native Hawaiian _____ American Indian/Alaskan Native

_____ Caucasian*includes people originating from Europe, North Africa or the Middle East

_____ Hispanic *people originating from Mexico, Puerto Rico, Cuba, Central or South America or other Spanish cultures or origin

_____ Two or More Races _____ Pacific Islander



APPLICANT AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with Didlake, Inc., I authorize all past employers and educational institutions to release information about my work history and education for use in determining my qualifications for this position. I also authorize Didlake, Inc. to release all information concerning previous employment and any pertinent information, personal or otherwise, and release Didlake, Inc. from any liability for any damage that may result from furnishing the same.

Please release or verify the items indicated:

YES

NO

All Information Requested

Past Employers:

- Salary History
- Dates of Employment
- Positions Held
- Responsibilities and Duties Performed
- Reasons for Leaving
- Eligibility for Rehire
- Attendance Record for Last Year of Employment

Educational Institutions:

- Years of Attendance
- Degree Obtained
- Transcript

Signature of Applicant

Date

Printed Name of Applicant