

Employment Application
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An Affirmative Action Employer

In conformity with applicable laws, SYMTECH Corporation is an Affirmative Action Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or physical or mental handicap.

All information will be held in confidence.

SYMTECH Corporation Employment Application

(Please type or print)

Applicant Information

Position Applied For:	Salary Requirement: \$ per	Full/Part Time:
Name:	Home Phone:	Business Phone:
Address:	Mobile Phone:	Date Available

Education (Only job related education will be considered)

<i>High School</i>			
Name:		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location:		Area of Study:	
<i>Higher Education (From most recent to last)</i>			
Name:	Location:	Years Completed:	
Major/Minor:	Grade Point Avg/Point Scale:	Type of Degree:	Year of Graduation:
Name:	Location:	Years Completed:	
Major/Minor:	Grade Point Avg/Point Scale:	Type of Degree:	Year of Graduation:
Name:	Location:	Years Completed:	
Major/Minor:	Grade Point Avg/Point Scale:	Type of Degree:	Year of Graduation:
<i>Technical Schools (From most recent to last)</i>			
Name/Location:	Topic:	Dates Attended (mm/yy): to	Successful Completion: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Location:	Topic:	Dates Attended (mm/yy): to	Successful Completion: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Location:	Topic:	Dates Attended (mm/yy): to	Successful Completion: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Location:	Topic:	Dates Attended (mm/yy): to	Successful Completion: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Location:	Topic:	Dates Attended (mm/yy): to	Successful Completion: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Location:	Topic:	Dates Attended (mm/yy): to	Successful Completion: <input type="checkbox"/> Yes <input type="checkbox"/> No

Special Qualifications

Relevant qualifications, skills, special experiences, and training.
Relevant awards, licenses, certificates, patents, publications, and thesis topics.
Relevant activities, professional organizations and interests.

Employment History

Please provide complete information for all prior and present employers beginning with your most recent employment. Your resume may be included with this application to elaborate on your experience in each position. If you do not have a resume, please complete Page 3.

May we ask your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we ask your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer:		Your Position:		Type of Business:	
Location:			Starting Salary:		Ending Salary:
Name and Position of Immediate Supervisor:				Phone Number:	
Reason for Leaving:			Start Date:		Termination Date:
Name of Employer:		Your Position:		Type of Business:	
Location:			Starting Salary:		Ending Salary:
Name and Position of Immediate Supervisor:				Phone Number:	
Reason for Leaving:			Start Date:		Termination Date:
Name of Employer:		Your Position:		Type of Business:	
Location:			Starting Salary:		Ending Salary:
Name and Position of Immediate Supervisor:				Phone Number:	
Reason for Leaving:			Start Date:		Termination Date:
Name of Employer:		Your Position:		Type of Business:	
Location:			Starting Salary:		Ending Salary:
Name and Position of Immediate Supervisor:				Phone Number:	
Reason for Leaving:			Start Date:		Termination Date:
Name of Employer:		Your Position:		Type of Business:	
Location:			Starting Salary:		Ending Salary:
Name and Position of Immediate Supervisor:				Phone Number:	
Reason for Leaving:			Start Date:		Termination Date:
If you held a position in the Federal Government at the GS-13 level or above and left the government on or after April 16, 1987, please provide your last date of employment. _____					

Military Service

Past Service: From To		Branch:	
Rank at Discharge or Separation:			Type of Discharge:
Present Status:			

Employment History Supplement

If you have not attached/provided a resume, please complete this page.

Have you ever applied for employment with Symtech Corporation?

Yes No If yes: Month/Year: _____ Location: _____

Are you legally eligible for employment in the United States? Yes No

Name:

Date:

Name of Employer:

Your Position:

Duties and Responsibilities:

Name:

Date:

Name of Employer:

Your Position:

Duties and Responsibilities:

Name:

Date:

Name of Employer:

Your Position:

Duties and Responsibilities:

To be completed by all applicants for professional positions.

SYMTECH Corp. is a systems engineering firm which offers a wide range of engineering, scientific, technical, information systems, and management support services for a diversified client base. The quality of work which you produce, and your ability to interface with clients and your co-workers are extremely important in assuring the continued success and growth of the company.

Utilize the space provided below to concisely explain how you believe you can fit into SYMTECH Corp. and contribute to its growth.

Employment, Professional and/or Academic References

(Please list three)

Name:		Years Known:
Employer:	Title:	
Address:		Phone Number:
Name:		Years Known:
Employer:	Title:	
Address:		Phone Number:
Name:		Years Known:
Employer:	Title:	
Address:		Phone Number:
Permission is granted to contact the above references? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" please explain:		

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? No Yes

If "yes", describe when conviction occurred; the facts and circumstances, and any facts pertaining to rehabilitation.

*** Do not include any criminal charges for which records have been expunged or traffic violations for which the fine was \$100 or less. A criminal offense will not necessarily bar employment. Factors such as the passage of time since offense, the nature of the violation and the extent of rehabilitation will be taken into account in determining the job-relatedness of the offense.**

I, the undersigned, agree to take any and all job related ability tests required for the purpose of judging my qualifications. I agree that any misrepresentation or misleading omission by me in this application or in any papers, documents or forms that are used in securing employment will be sufficient cause for rejection of my application and/or separation from SYMTECH Corporation if I have been employed.

I do hereby authorize SYMTECH Corporation to seek from school officials, previous employers, and other contacted persons, firms, or institutions, and further authorize the persons, firms or institutions contacted by the company to release to it any and all information pertaining to my employment history or my qualifications and ability to work at the position for which I have applied unless I have specifically indicated otherwise in the application. I have signed this release voluntarily and of my own free will.

I understand that any employment I might be offered at SYMTECH Corporation is "at will" and of indefinite duration and I or SYMTECH Corporation can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by SYMTECH Corporation unless made in writing and signed by the President of SYMTECH Corporation. I further understand that there is an additional period of the first 30 days of employment during which I will be considered to be in a provisional status and that successful completion of that period will not change my status as an at-will employee.

 Date Signature of Applicant

This application will be active for 30 days.

Employment, Professional and/or Academic References

The federal government requires that an employer maintain records on the race, sex, and ethnic group of its applicants. In order to comply with these requirements, SYMTECH Corporation requests that you supply the information sought below. The information is for record keeping purposes only and will not, in any way, affect any employment decisions. This questionnaire will be kept separate from your application.

Submission of this information is voluntary.

Name:

Position Applied For:

Please Check One:

Male Female

Please check one of the following Race/Ethnic Groups:

African American American Indian/Alaskan Native Asian/Pacific Islander

Caucasian Hispanic Other _____

Please check if any of the following are applicable:

(If you wish to be considered in any of these categories, please also complete the "Invitation to Handicapped Persons and Veterans of the Vietnam Era" on Page 7).

Vietnam Era Veteran Disabled Handicapped

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Invitation to Handicapped Persons and Veterans of the Vietnam Era

You are invited to complete the following information if you consider yourself to be a handicapped individual, a disabled veteran, or a veteran of the Vietnam Era. Submission of this information is voluntary.

This information will be kept confidential, except that your signature on this form constitutes your agreement to permit the release of this information and other medical information regarding your handicap or disability to supervisors and managers for the purpose of informing them regarding restrictions on the work or duties of handicapped individuals or the necessary accommodations for such individuals; to first aid and safety personnel, when and to the extent appropriate, if the handicap or disability might require emergency treatment; and to the government officials investigating compliance with the Rehabilitation Act of 1973 or the Vietnam Era Veterans' Readjustment Assistance Act of 1974.

Name:

Position Applied For:

Describe the Handicap or Disability:

If you are a Vietnam Era Veteran, state your dates of service with the armed service and the branch of service.

Describe below the effect of your handicap or disability, if any, upon your ability to perform in the position you are seeking. If the handicap or disability limits your ability to perform the job, indicate any special methods, skills or procedures that enable you to qualify despite your handicap or disability, or any accommodation that we could make that would enable you to perform the job properly or safely despite your handicap or disability.

Date

Signature of Applicant