

SMCI

APPLICATION FOR EMPLOYMENT

As an employer, we appreciate your taking the time to complete this application. It is important that all questions be answered completely and accurately. While completing this form, if there is insufficient space for the answer, please continue on a separate piece of paper. We are an Equal Opportunity Employer, and comply with applicable federal, state and local laws which prohibit discrimination against qualified applicants and associates based on race, color, religion, age, sex, national origin, or disability. The Company uses this application for employment in different states. Thus, the employment application is deemed to be amended to comply with state and local laws and regulations. Applications are active for 30 days. After that time, if you wish to re-apply, you may do so. Inquiries should be forwarded to: SMCI, Human Resources, 8180 Greensboro Drive, Suite 800, McLean, VA 22102. **Please print.**

Date _____ Position(s) applying for _____ Desired Salary _____ Location/City Preferred _____
 How were you referred to us? Ad Employee Referral Rehire Agency School Transition/Takeover Unsolicited

PERSONAL INFORMATION

 Last Name First Name Middle Name

 Address City, State Zip

(_____) _____ (_____) _____
 Home Phone Work Phone Social Security Number

 Prior Address (if at present address less than five years) City, State Zip

Have you ever used another name for work or school? Yes No If yes, please state name(s), and schools/employers: _____

Are you at least 18 years of age? Yes No

Have you been employed by the Company before? Yes No If yes, Dates: _____ Location: _____

Are there any days or time periods you are unavailable for work? Yes No If yes, please indicate the days/times: _____

Date you are available to begin work? _____ Are you willing to travel Yes No If yes, how much? _____

Are you willing to relocate? Yes No If yes, area(s) preferred: _____

Are you willing to work flexible hours, which could include weekends and/or overtime? Yes No

Do you plan to engage in other work while in our employ? Yes No If yes, please describe the work as well as the hours: _____

Do you speak, read or write a language other than English? Yes No If yes, please specify: _____

Do you have any relatives who work for the Company? Yes No If yes, please specify: _____

Criminal convictions do not automatically bar you from consideration for employment. Factors such as age at time of conviction, length of time since offense, seriousness of offense, and rehabilitation will be considered.

Have you ever been convicted of a crime? Yes No If yes, please record below all misdemeanors and felonies (other than parking tickets and minor driving violations) for which you have been convicted. You may be asked to verify a criminal record.

Year	Location (city, state)	Explanation
_____	_____	_____
_____	_____	_____

Are you currently on probation or parole for any conviction? Yes No If yes, please specify _____

ILLEGAL USE OF DRUGS AND MEDICAL EXAM. The position you are applying for requires reliable attendance and dependable performance during work hours. If a contingent offer of employment is made, you may be asked to take a test for the current illegal use of drugs. If a contingent offer of employment is made, you may be asked to take a job-related medical examination. Do you engage in the current illegal use of drugs (example: marijuana, cocaine, heroin, crack, speed, LSD, etc.)? Yes No

Are you willing to be tested for the current illegal use of drugs? Yes No

MILITARY

Have you ever been in the US military service? Yes No If yes, please record below:

Branch _____ Highest Rank Held _____ Nature of Duty or Training _____

Are you a member of the military reserves or National Guard? Yes No

EDUCATION

Please list all schools, colleges, universities, specialized training programs attended:

Type of School	Name of School	Address	Did you Graduate?	Degree(s) or Subjects Studied
High School				
College/University				
College/University				
Technical Training				
Technical Training				

LICENSES AND CERTIFICATIONS

Please list all professional, vocational licenses or certifications that relate to the job for which you are applying.

Type of License / Certification	From what City, State Agency or Organization	Date Issued (if applicable)	License Number

Have you ever had a license or certification revoked or suspended? Yes No If yes, please explain: _____

DRIVING RECORD. If you are applying for a position which involves driving on the job, please answer the following questions. Can you safely drive a vehicle? Yes No Do you have a valid, unexpired license? Yes No

Has your license been revoked or suspended during the past five years? Yes No If yes, please explain _____

Driver's License Number _____ Expiration Date _____ Issuing State _____ Class of License _____

OTHER QUALIFICATIONS

Please state any other information about your personal qualities, work skills, or other abilities which would assist us in considering you for the position you are applying for: _____

PERSONAL REFERENCES

Please list two personal references. Do not list relatives or previous employers.

Name and Address	Phone Number	Years Known	Occupation

EMPLOYMENT HISTORY

We routinely contact an applicant's current and previous employers for reference checks.

Are you currently employed? Yes No May we contact your current employer? Yes No If no, please explain: _____

Please attach a copy of any employment recommendation letters which relate to the job for which you are applying. Please provide your complete work history for the preceding five employers or past five years, whichever is greater.

Current or most recent employer (please include volunteer work)

Company Name	Company Phone Number	Supervisor's Name and Position
Company Address	City, State	Zip Code
Position	Duties	Reason for Leaving
From (mo. & year) To (mo. & year)	Beginning Salary Bonus	Ending Salary Bonus

Next previous employer

Company Name	Company Phone Number	Supervisor's Name and Position
Company Address	City, State	Zip Code
Position	Duties	Reason for Leaving
From (mo. & year) To (mo. & year)	Beginning Salary Bonus	Ending Salary Bonus

Next previous employer

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AUTHORIZATION BY EMPLOYMENT APPLICANT

I authorize the Company and/or its agents to: 1) obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resume, or biographical sheet that I submit; 2) obtain information regarding my work habits, skills and conduct from my past and present employers, as well as listed or developed references or institutions; 3) obtain information from law enforcement and other governmental agencies, military authorities and private companies concerning my conduct, including traffic and criminal convictions; 4) obtain information from educational institutions concerning my educational record, conduct and skills; and 5) obtain information concerning my credit history from credit reporting agencies, financial institutions, and other sources.

I further authorize all institutions, agencies, companies, or persons referred to above, to provide the Company and/or its agents all information requested. Under the Federal Fair Credit Reporting Act, I understand that I am entitled to know if employment is denied because of information obtained by Employer from a consumer reporting agency. I understand that I will be so advised and given the name of the reporting agency for more information. I release the Company, its agents, and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing information. A copy of this authorization and release shall be as valid as the original.

I understand that if I receive a conditional offer of employment, I will be asked to sign a separate authorization form prior to any testing for the current illegal use of drugs. I also understand that if I receive a conditional offer of employment, I may be asked to sign a separate authorization form prior to any job-related medical examination.

Signature

Printed Name

Date

CERTIFICATION BY EMPLOYMENT APPLICANT

For purposes of this certification, the term "application" includes this employment application form and any supplemental questionnaire, exhibit, resume, or biographical sheet that I submit. I certify that all information given on this application is true, correct, and complete. I have accounted for all of my work experience, training, and other information requested on this application. I have not withheld any fact or circumstance which is covered by this application. I understand that any false, misleading, or incomplete information will result in rejection of my application or termination of my employment whenever discovered. I understand that I may be asked to take job-related written tests and skill tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

I understand that after receiving a contingent offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by the Company. I understand that the reason for such testing is that the Company endeavors to operate its business in a safe manner for all employees, customers, and/or guests. The results of such testing will be communicated to the Company or one of its agents. If I refuse to be tested, or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be further considered for employment.

If I receive a contingent offer of employment, I understand that I may be asked to have a job-related medical examination performed by a medical practitioner who is chosen and paid for by the Company. The results of said examination will be communicated to the Company or its agents. If I refuse to submit to said job-related medical examination, I understand that I will not be further considered for employment.

If I am employed, I understand that I will be asked to sign a Federal I-9 form and provide positive proof of my identity and verification of my right to live and work in the US.

If I am employed, I agree to abide by the Company's rules, procedures, and policies as modified from time to time, including any drug-free work place policies. I understand that the job being applied for requires reliable attendance and dependable performance during the contemplated working hours. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. I agree that if I am offered a position, it will be offered on condition that my employment shall be at-will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the unanimous decision of the Officers of the Company, no supervisor or manager may alter or amend the above conditions. Only the unanimous decision of the Officers of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that this is an application only and that it does not constitute an offer of employment or an employment contract.

Signature

Printed Name

Date

Our hiring policy is simple:

WE FOLLOW THE LAW!

This company hires lawful workers only – U.S. citizens or nationals and non-citizens with valid work authorization – without discrimination.

Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the United States.

In its efforts to meet the law's requirements, this company is participating in the Basic Pilot program established by the Immigration and Naturalization Service (INS) and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly-hired employees. Our participation in this pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire.

For additional information on the verification program contact:

INS, SAVE Branch
425 I Street, NW (ULLB 4th Floor)
Washington, DC 20536
Phone: (888) 464-4218

SSA, Office of Program Benefits Policy
6401 Security Blvd. 760 Altmeyer
Baltimore, MD 21235
Phone: (410) 966-1940

Nuestra Póliza de empleo es simple:

NOSOTROS SEGUIMOS LA LEY

Sin discriminación, esta compañía emplea solamente trabajadores legales – ciudadanos o nacionales de los Estados Unidos y extranjeros con autorización válida de trabajo.

La Ley Federal de Inmigración y Nacionalidad requiere que todas las empresas verifiquen la identidad y elegibilidad de las personas que se emplean en los Estados Unidos.

En su esfuerzo de cumplir los requisitos de la ley, esta compañía participa en un programa Piloto Básico de verificación de empleo. Este programa es establecido por el Servicio de Inmigración (INS) en conjunto con la Administración del Seguro Social (SSA) para ayudar a los empleadores a verificar la elegibilidad de todos los nuevos empleados. Nuestra participación en este programa piloto, no nos exime de la obligación de completar el formulario I-9 para toda persona que nosotros empleamos.

Para mayor información de este programa de verificación, puede usted comunicarse:

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425 I Sreet, NW (ULLB 4th Floor)
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