



All prospective employees will receive consideration without regard to race, creed, color, sex, age, national origin, or disability.

PERSONAL			
Last Name	First Name	MI	Date
Street Address			Home Phone
City	State	Zip Code	Business Phone
Position Desired		Salary Desired	Social Security Number
Apply For: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other			Date Available
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Visa and Expiration data will be required upon date of hire.			If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> School <input type="checkbox"/> Company Employee <input type="checkbox"/> Agency <input type="checkbox"/> Own Initiative <input type="checkbox"/> Other			Will you be available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of referring individual _____			

EDUCATION						
School Name and Location (List All Schools Attended)	Dates		Major	Years Completed	Degree	Date Completed
	From	To				



SKILLS

Typing Speed _____ WPM Short Hand _____ WPM

Hardware/Software/Equipment _

Please list other information you consider pertinent to your application for employment.

EMPLOYMENT HISTORY (Begin with Current or Most Recent Experience)

Name of Employer	Starting Date	Ending Date
Street Address	Starting Position	Ending/Current Position
City State Zip	Starting Salary	Ending/Current Salary
Describe the responsibilities of you position.		
Name of Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone
Reason(s) for leaving.		

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Reason(s) for leaving.		

REFERENCES (Indicate three professional references)				
Name	Address	Occupation	Phone Number	Years Known



I hereby authorize my present employer or any former employer or any other party, including any government or law enforcement agency, to release to DVS any and all records of any service and other information concerning me except that which would indicate age, race creed, color, sex, national origin, or disability. Further, I hereby release these parties from all liability for any damage, except that resulting from misrepresentation, which might result from furnishing the information. I agree to abide by all rules and regulations of the Company, and I understand that false statements or omissions of any kind are sufficient grounds for denying employment or for dismissal.

In accordance with the Drug Free Workplace Act of 1988, DVS has established a policy intended to protect its employees, customers, and the public from the dangers posed by the unlawful manufacture, distribution, dispensation, possession or use of illegal drugs and controlled substances (drug abuse) in the workplace. An employee who uses drugs poses a grave risk of serious danger to the safety, security and health of not only himself or herself, but of co-workers, customers and the members of the public. DVS will take all reasonable steps to ensure that drug abuse does not occur at DVS facilities or by DVS employees at government work sites during the performance of any work under its Government contracts.

I have read and understand the above statement. This application is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

“DVS is an equal opportunity/affirmative action employer”

Governance. People. Processes. Technologies