

# SUBCONTRACTOR APPLICATION

(PLEASE PRINT NEATLY)



Phone: 703-506-1222 - Fax: 703-506-1223

## PERSONAL INFORMATION

DATE \_\_\_\_\_

**NAME:**

LAST	FIRST	MIDDLE
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**SOCIAL SECURITY #:** \_\_\_\_\_ **DRIVERS LICENSE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**PRESENT ADDRESS:**

STREET	CITY	STATE	ZIP
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**PHONE NO.** \_\_\_\_\_ **REFERRED BY** \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
<b>ARE YOU EMPLOYED?</b>		<small>IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?</small>
<b>EVER APPLIED TO THIS COMPANY BEFORE?</b>		<small>WHERE? WHEN?</small>

## US MILITARY SERVICE

BRANCH OF SERVICE	RANK	ENTRY DATE	DISCHARGE DATE	TYPE OF DISCHARGE

## MILITARY OCCUPATIONAL SPECIALITY

## EDUCATION

NAME OF SCHOOL LOCATION (CITY, STATE)	SUBJECTS STUDIED	YEARS ATTENDED	DATE GRADUATED	MAJOR DEGREE/CERT OBTAINED
High School				

## EMPLOYMENT HISTORY

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

## SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FORM AREA UNLESS THE EMPLOYER HAS MARKED THE SQUARE PRECEDING A QUESTION THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

PLACE OF BIRTH \_\_\_\_\_

CITIZEN OF U.S. \_\_\_\_\_ YES \_\_\_\_\_ NO

OTHER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

\* THE AGE DISCRIMINATION ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

## CONVICTIONS

Have you been convicted of a criminal offense? For the purposes of this application, "convicted" includes any plea (including pleas of nolo contendere, no contest, or guilty), bail, forfeiture, or verdict or finding of guilt, regardless of whether adjudication was withheld or any sentence or fine was imposed by the court. Include any convictions by general court-martial while in military service. (Conviction will not necessarily bar employment.)

Write Yes or No: \_\_\_\_\_ If yes, give date, place, charge and disposition below (or on a separate page if you need more space.)

Have you been convicted of a criminal offense under another name? Write Yes or No \_\_\_\_\_ If yes, give name used, where used, and explain.

## EMERGENCY CONTACT INFORMATION

### EMERGENCY CONTACTS

NAME	ADDRESS	PHONE NO.	RELATIONSHIP

NAME	ADDRESS	PHONE NO.	RELATIONSHIP

## BUSINESS REFERENCES

PLEASE PROVIDE THE NAMES OF YOUR MANAGERS/SUPERVISORS AT YOUR LAST THREE POSITIONS.

NAME	COMPANY, LOCATION	BUSINESS PHONE #	HOME PHONE #	POSITION AND YEARS KNOWN
1				
2				
3				

## PERSONAL REFERENCES

PLEASE PROVIDE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS PHONE #	HOME PHONE #	YEARS KNOWN
1				
2				
3				

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND CONSUMER REPORTS WHICH I UNDERSTAND MAY INCLUDE INFORMATION REGARDING MY CREDIT WORTHINESS, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING. THIS REPORT MAY BE COMPILED WITH INFORMATION FROM CREDIT BUREAUS, COURT RECORD REPOSITORIES, DEPARTMENT OF MOTOR VEHICLES, PAST OR PRESENT EMPLOYERS AND EDUCATIONAL INSTITUTIONS, GOVERNMENT OCCUPATIONAL LICENSING OR REGISTRATION ENTITIES, BUSINESS OR PERSONAL REFERENCES, AND ANY OTHER SOURCE REQUIRED TO VERIFY INFORMATION. I UNDERSTAND THAT EMPLOYMENT MAY BE CONTINGENT UPON PASSING A DRUG SCREENING TEST. I ALSO UNDERSTAND THAT MY CONTINUED EMPLOYMENT MAY BE BASED ON THE RESULTS OF FUTURE DRUG SCREENING TESTS AND ANY OTHER FUTURE BACKGROUND CHECKS. I HEREBY RELEASE EMPLOYERS AND PERSONS NAMED IN MY APPLICATION FOR ALL LIABILITY FROM ANY DAMAGES ON ACCOUNT OF HIS/HER FURNISHING SAID INFORMATION. I AUTHORIZE THE RELEASE OF THIS INFORMATION BY THE APPROPRIATE AGENCIES TO ALLTECH INT'L, INC. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I ALSO UNDERSTAND THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

\*\*\*\*\*IF "RESUME" IS REFERENCED, IT BECOMES PART OF THIS APPLICATION FOR EMPLOYMENT.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION.