



Application Part I - APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

NAME: _____
Last First MI

PRESENT ADDRESS: _____
Street Address City State Zip Code

PERMANENT ADDRESS: _____
(If different) Street Address City State Zip Code

HOME PHONE NO: _____ CELL PHONE NO: _____ EMAIL ADDRESS: _____

ARE YOU 18 YEARS OR OLDER? YES NO ARE YOU A U.S. CITIZEN? YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

POSITION DESIRED: _____ EARLIEST START DATE: _____ SALARY DESIRED: \$ _____

ARE YOU CURRENTLY EMPLOYED? YES NO MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

IF CURRENTLY EMPLOYED, EMPLOYEE NAME: _____

SUPERVISOR NAME: _____ PHONE NUMBER: _____

EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YRS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
TRADE/BUSINESS/SPECIALTY SCHOOL				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES: (CIVIC, ATHLETIC, ETC)

ORGANIZATIONS:

U.S. MILITARY SERVICE

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? YES NO SEPARATION/DISCHARGE DATE: _____

BRANCH OF MILITARY SERVICE: _____ RETIRED YES NO

PRESENT MEMBERSHIP IN NGB OR RESERVES? YES NO RANK: _____

DO YOU CURRENTLY OR HAVE YOU EVER HAD A SECURITY CLEARANCE? YES NO WHAT LEVEL: _____

FORMER EMPLOYERS: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER	POSITION	SALARY	REASON(S) FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NUMBER

EMERGENCY CONTACT INFORMATION:

NAME: _____

_____ STREET ADDRESS _____ CITY/STATE _____ ZIP _____ PHONE _____

RELATIONSHIP: _____

I certify the information submitted by me on this application is true and complete, and I understand that my application may be rejected or I may be terminated at a later date if any false information omissions or misrepresentations are discovered at any time. I also understand that Skyline is a government contract services provider and that employees working on a government contract may be required to undergo extensive background checks and/or an in-depth background investigation as a condition of employment or continued employment. Although employees may be hired subject to a background check, they will be terminated from the employment if deemed ineligible for a required level of clearance or if the employee later becomes ineligible for a required clearance.

DATE: _____ SIGNATURE: _____

FOR MANAGEMENT USE ONLY: DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

HIRED: YES NO POSITION: _____ DATE: _____

SELECT ONE OF THE FOLLOWING INSURANCE OPTIONS: (Insurance, if applicable, goes into effect the first day of the month following employment date – e.g., start on 25 Sept then Insurance starts 1 Oct.)

- Employee has other insurance and will provide verification
- Employee will be provided the following insurance at company expense:
(Health, Vision, Life, Short-term Disability, and Dental)
- Dependant coverage at employee's expense (Contact HR for further details)

ADJUSTED ANNIVERSARY DATE (VACATION & SICK PAY) _____ (ORIGINAL START DATE AT GOVT JOB SITE WITH INCUMBENT CONTRACTOR)
(Only to be used for contract personnel already working at government job site)

HOURLY RATE: \$ _____ OR MONTHLY RATE: \$ _____ DATE REPORTING TO WORK: _____

HIRING MANAGER: _____ DATE: _____

REVIEWED: _____ VP/PM OR ABOVE _____ DATE: _____