

Application For Employment



Cary, NC Dulles, VA Charleston, SC

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Website
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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GENERAL INFORMATION

GENERAL INFORMATION	YES	NO	IF YES- GIVE DATE
If you are under 18 years of age, can you provide proof of your eligibility to work?			
Have you ever filed an application with us before? If Yes, give date			
Have you ever been employed with us before? If Yes, give date			
Are you currently employed?			
May we contact your present employer?			
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? <small>(Proof of citizenship or immigration status will be required upon employment.)</small>			
On what date would you be available for work?			
Are you available for work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			
Can you travel if a job requires it?			
Are you willing to relocate if the job requires it?			
Have you been convicted of a felony within the last seven (7) years? <small>(Conviction will not necessarily disqualify an applicant from employment)</small>			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Specialized Skills

CADD	<input type="checkbox"/> MicroStation
	<input type="checkbox"/> AutoCADD
	<input type="checkbox"/> TerraModel
SURVEY	<input type="checkbox"/> Total Station
	<input type="checkbox"/> Data Collector
	<input type="checkbox"/> TDS
	<input type="checkbox"/> Geodimeter
SUE	<input type="checkbox"/> Utility Designating
	<input type="checkbox"/> Cable/Telephone/Power
	<input type="checkbox"/> Gas
	<input type="checkbox"/> Water
DESIGN	<input type="checkbox"/> GeoPak
	<input type="checkbox"/> Land Desk
	<input type="checkbox"/> Design Programs:
OFFICE	<input type="checkbox"/> Word
	<input type="checkbox"/> Excel
	<input type="checkbox"/> Access
	<input type="checkbox"/> Publisher
	<input type="checkbox"/> Outlook
	<input type="checkbox"/> Power Point
OTHER	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Employment History

(Continued)

4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
5. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
6. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
7. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
8. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **"at will"** nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this **"at will"** employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

Yes

No

Remarks: _____

Interviewer

Date

Job Title

Hourly Rate/Salary

Department

By: _____
(Name & Title)

Date
