



# ***VETS Systems Technology, Inc.***

**2000 N. Alafaya Trail \* Suite 400 \* Orlando, Florida 32826**

**Office: 407-207-2242 \* Fax: 407-207-6356**

## **APPLICATION FOR EMPLOYMENT**

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

**Date of Application** \_\_\_\_\_

**Position(s) Applied for** \_\_\_\_\_

<b>Referral Source:</b>	<b>Advertisement</b>	<b>Friend</b>	<b>Relative</b>
	<b>Employment Agency</b>	<b>Other</b>	

**Name** \_\_\_\_\_

LAST	FIRST	MIDDLE
------	-------	--------

**Address** \_\_\_\_\_

NUMBER	STREET	CITY	STATE	ZIP CODE
--------	--------	------	-------	----------

**Phone No.** (\_\_\_\_\_) \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

AREA CODE

**Have you filed an application here before?**      Yes      No      **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Have you ever been employed here before?**      Yes      No      **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you a citizen of the United States?**      Yes      No

**If not, do you possess an Alien Registration Card?**      Yes      No

**If yes, give Alien Registration Number** \_\_\_\_\_

<b>Are you available to work?</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Shift Work</b>
-----------------------------------	------------------	------------------	-------------------

**Are you on lay-off and subject to recall?**      Yes      No

**Can you travel if a job requires it?**      Yes      No

**Have you been convicted of a felony within the last 7 years?**      Yes      No

**If yes, explain** \_\_\_\_\_

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

Are you a veteran of the U.S. military service?                      Yes                      No

If yes, what was you Branch of U.S. military service? \_\_\_\_\_

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying?                      Yes                      No

If yes, please explain \_\_\_\_\_

Do you have a current security clearance?                      Yes                      No

If yes, level \_\_\_\_\_

If not current, date clearance expired \_\_\_\_\_

Level \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude groups, which indicate race, color, religion, sex or national origin):

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**  
(Work related – no relatives)

NAME	COMPLETE ADDRESS	PHONE NUMBER
		(       )
		(       )
		(       )

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, And Individuals With Physical or Mental Handicaps**

Government contractors are subjects to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive fro employment.

If you wish to be identified, please sign below.

Handicapped Individual                      Disabled Veteran                      Vietnam Era Veteran

Signed \_\_\_\_\_

## Employment Experience

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities. (Exclude groups that indicate race, color, religion, sex or national origin.)

Employer	Dates		Worked Performed
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
Supervisor			
Reasons for Leaving			
Employer	Dates		Worked Performed
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
Supervisor			
Reasons for Leaving			
Employer	Dates		Worked Performed
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
Supervisor			
Reasons for Leaving			
Employer	Dates		Worked Performed
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
Supervisor			
Reasons for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Summarize Special Skills and Qualifications

Acquired From Employment or Other Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education**

	High	College/University	Graduate/ Professional
<b>School Name</b>			
<b>Years Completed: (Circle)</b>	9    10    11    12	9    10    11    12	9    10    11    12
<b>Diploma/Degree</b>			
<b>Description Course of Study</b>			
<b>Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities</b>			

**Honors Received:**

The information on this application is accurate and subject to check. I understand that any misleading or incorrect statement may render the application void and would be cause for immediate dismissal in the event of employment. I hereby authorize MILVETS Systems Technology, Inc. to inquire as to my record from any or all of my former employers or references with no liability arising therefrom. I understand that I may be requested to complete a questionnaire for submission to the U.S. Government to obtain a security clearance.

Base Salary or Wage Expected \_\_\_\_\_ per \_\_\_\_\_ Date Available For Work \_\_\_\_\_

\_\_\_\_\_  
Signature Date

For Personnel Department Use Only

Reg. No. \_\_\_\_\_

Remarks \_\_\_\_\_

Employed            Yes            No            Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Authorization/Date