



1100 N. Glebe Road, Suite 1120
 Arlington, Virginia 22201-4798
 703.465.7955 | fax 703.465.7958

Employee Application Form

Personal Information

Last Name:	First Name:	Middle Name:
Address:		
Primary Phone:	Alternate Phone:	Fax:
Special Calling Instructions:	E-mail Address	
Date available to begin work:		

Position:
How did you hear about this position?

Work Experience

Employer Name:	Job Title:	Dates Employed: From: To:
Supervisor's Name/Title:	Telephone Number:	Salary: Start: End:
Describe primary job responsibilities:		

Employer Name:	Job Title:	Dates Employed: From: To:
Supervisor's Name/Title:	Telephone Number:	Salary: Start: End:
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Employer Name:	Job Title:	Dates Employed: From: _____ To: _____
Supervisor's Name/Title:	Telephone Number:	Salary: Start: _____ End: _____
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Employer Name:	Job Title:	Dates Employed: From: _____ To: _____
Supervisor's Name/Title:	Telephone Number:	Salary: Start: _____ End: _____
Describe primary job responsibilities:		

Education

Name of School	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Location	<input type="text"/>	Major/Field of Study	<input type="text"/>		
		Degree/Certification	<input type="text"/>		

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		Degree/Certification	<input type="text"/>		

Additional Information

Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No
If you are not a U.S. citizen, are you eligible to work in the United States?
If not a U.S. citizen and eligible to work in the U.S. provide a copy of all of your authorization to live and work in the U.S. documents; provide copy of both sides of the documents.
Are you willing to travel as part of your employment?
Do you have a United States Government Security Clearance? <input type="radio"/> Yes <input type="radio"/> No If yes, what level?
Is there anything that would prohibit you from obtaining a security <input type="radio"/> Yes <input type="radio"/> No Explanation:

References

Name	Contact Information	Relationship
Name	Contact Information	Relationship
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Agreement

I certify that the information given in this application and in any supplemental material is true to the best of my knowledge. Stargates representatives are hereby authorized to make a thorough investigation of my personal work history and verify data given in my application, related papers, or oral interviews, through any investigative bureaus of their choice. I release from liability any persons giving or receiving any such information. I understand that falsified statements or deliberate omission of information or other derogatory information discovered as a result of this investigation may prevent me from being hired, or if hired, may be just cause for immediate dismissal. I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my employment is at-will and can be terminated at any time, with or without notice, for any reason.

_____	//signed//	_____
Applicant's Name	Applicant's Signature	Date

STARGATES INC. is committed to the highest ethical standards and practices in all personnel actions, including recruitment, selection, hiring, training, assignments, termination, compensation, fringe benefits and promotion without regard to race, ethnicity, religion, gender, age, marital status, sexual orientation, or physical or mental disability.