

PHOENIX GROUP

Government & Corporate Support Services

APPLICATION FOR EMPLOYMENT

All qualified applicants will be given equal consideration regardless of race, sex, age, color, national origin, veteran status, marital status, sexual orientation, political affiliation, religion, medical condition or disability. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the Human Resources Office.

PERSONAL INFORMATION

NAME (Last, First, Middle)	MAIDEN	DATE
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PHONE NUMBER	SOCIAL SECURITY NUMBER
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PRESENT ADDRESS (Street, City, State, Zip)

PERMANENT ADDRESS (If different than above)

Are you over 18 years of age ____ If employed and under 18, you must produce proof of age and work permit.

If employed, can you submit verification of your identity and legal right to work within the United States? ____

Have you ever been convicted of a felony which has not been annulled or sealed by a court? _____

If yes, explain _____

Are you, or have you ever been a US Government Contracting Procurement Official? _____

If yes, explain _____

Have you held a Security Clearance within the last 24 months? ___Y ___N. If yes, what level _____

EMPLOYMENT DESIRED

Position applying for _____ Wages expected _____

Are you available for full time employment? _____ If yes, when can you start? _____

How were you referred for this position? _____

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	# YEARS ATTENDED	GPA	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School						
College or University						
Technical or Trade School						

MILITARY SERVICE

BRANCH	DATE ENTERED	DATE DISCHARGED	FINAL RANK
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SPECIALTY	SERIAL NUMBER	IN RESERVES YES ___ NO ___	
EMPLOYMENT HISTORY Beginning with current employment, provide a full accounting of your work experience for the last 10 years. Include all names, addresses, and phone numbers. If necessary, use the employment history continuation sheet.			
COMPANY NAME		PHONE NUMBER (include area code)	
ADDRESS		EMPLOYMENT DATES (Month and Year) From: _____ To: _____	
CITY, STATE, ZIP		ANNUAL SALARY Initial: _____ Final: _____	
NAME OF SUPERVISOR		YOUR TITLE	
RESPONSIBILITIES		REASON FOR LEAVING:	
EMPLOYMENT HISTORY			
COMPANY NAME		PHONE NUMBER (include area code)	
ADDRESS		EMPLOYMENT DATES (Month and Year) From: _____ To: _____	
CITY, STATE, ZIP		ANNUAL SALARY Initial: _____ Final: _____	
NAME OF SUPERVISOR		YOUR TITLE	
RESPONSIBILITIES		REASON FOR LEAVING:	
EMPLOYMENT HISTORY			
COMPANY NAME		PHONE NUMBER (include area code)	
ADDRESS		EMPLOYMENT DATES (Month and Year) From: _____ To: _____	
CITY, STATE, ZIP		ANNUAL SALARY Initial: _____ Final: _____	
NAME OF SUPERVISOR		YOUR TITLE	
RESPONSIBILITIES		REASON FOR LEAVING:	
LIST THREE PROFESSIONAL REFERENCES BELOW			
NAME	TITLE	COMPANY	PHONE
NAME	TITLE	COMPANY	PHONE
NAME	TITLE	COMPANY	PHONE

(HR002)

EMPLOYMENT HISTORY CONTINUATION SHEET

EMPLOYMENT HISTORY	
COMPANY NAME	PHONE NUMBER (include area code)

(HR002)

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ADDRESS	EMPLOYMENT DATES (Month and Year) From: _____ To: _____
CITY, STATE, ZIP	ANNUAL SALARY Initial: _____ Final: _____
NAME OF SUPERVISOR	YOUR TITLE
RESPONSIBILITIES	REASON FOR LEAVING:
EMPLOYMENT HISTORY	
COMPANY NAME	PHONE NUMBER (include area code)
ADDRESS	EMPLOYMENT DATES (Month and Year) From: _____ To: _____
CITY, STATE, ZIP	ANNUAL SALARY Initial: _____ Final: _____
NAME OF SUPERVISOR	YOUR TITLE
RESPONSIBILITIES	REASON FOR LEAVING:
EMPLOYMENT HISTORY	
COMPANY NAME	PHONE NUMBER (include area code)
ADDRESS	EMPLOYMENT DATES (Month and Year) From: _____ To: _____
CITY, STATE, ZIP	ANNUAL SALARY Initial: _____ Final: _____
NAME OF SUPERVISOR	YOUR TITLE
RESPONSIBILITIES	REASON FOR LEAVING:

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APPLICATION AFFIDAVIT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the Application for Employment in arriving at and employment decision. I give Phoenix Group of Virginia the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Phoenix Group of Virginia and its representatives for seeking, gathering, and using such information and all other persons, corporation or organizations for furnishing such information.

If employed by Phoenix Group of Virginia, I understand that such employment is subject to the security policies of the Company and security clearances of the U. S. Government, or affiliated agencies, whenever such clearances are required by Government regulations and whenever necessary for work on jobs to which I may be assigned. Successful completion of Polygraph and Drug Screening Tests may be required by contract in certain positions.

I hereby understand and acknowledge that any employment relationship with Phoenix Group of Virginia is "At-Will", which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless the President of Phoenix Group of Virginia, specifically acknowledges such change in writing.

Signature

Date