

Please print in ink (preferably black) or use typewriter

Number of attachments _____

DP Technology Services, Inc. (DPTS)

An Equal Opportunity Employer



Application for Employment

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

1. Full legal name _____ 2. Home Phone () _____
Last First Middle

3. Address _____ 4. Business Phone () _____

5. E-mail Address _____

6. Position applied for _____ Date of Birth: _____
(one per application)

7. Social Security No. _____
(Note: Completion of number seven is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

8. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time Part-time Hours/week Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time Part-time Hours/week Your name if different from present _____

- c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____
- d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

- e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute.

10. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. **MISCELLANEOUS**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you will accept: Full-time Part-time (specify) _____
- c. Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only, Occasionally overnight, Frequently overnight.
- d. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____
- e. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- g. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? Yes No.
 If no, state reason: _____
- h. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the National the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs? Yes No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? Yes No
- i. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:
 Description of offense: _____
 Statute or ordinance (if known): _____ Date of Charge: _____ ; Date of Conviction _____
 County, City, State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)
- *Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Month _____ Day _____ Year

13. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of DP Technology Services, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ Applicant Signature _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: ___/___/___

Position applied for: _____

Position number: _____

FOR OFFICE USE ONLY

EEO Category: _____

How did you find out about this employment opportunity?

- Newspaper*
- Radio/TV*
- VEC
- State RECRUIT system
- Agency Bulletin Board
- Other (please specify)

*specify name of newspaper or other media



Supplementary Experience Form

Name _____ Position Applied For _____
Social Security Number _____

Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time ___ Part-time ___ Hours/week _____
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

Job Title _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
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