

EDUCATION

Circle Highest Level Completed

GRADE SCHOOL OR HIGH SCHOOL

1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE

1 2 3 4

GRADUATE SCHOOL

1 2 3 4

SCHOOLS	NAME, ADDRESS AND TELEPHONE NUMBER OF SCHOOL	DATES ATTENDED (GIVE MONTH AND YEAR)		ANSWER BELOW FOR EACH SCHOOL TO THE HIGHEST LEVEL COMPLETED			
		FROM	TO	CREDITS COMPLETED SEM. QTR. HRS. HRS.	MAJOR MINOR	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE RECEIVED TYPE YEAR
HIGH SCHOOL							
COLLEGE OR UNIVERSITY		FROM	TO	CREDITS COMPLETED SEM. QTR. HRS. HRS.	MAJOR MINOR	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE RECEIVED TYPE YEAR
GRADUATE STUDIES		FROM	TO	CREDITS COMPLETED SEM. QTR. HRS. HRS.	MAJOR MINOR	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE RECEIVED TYPE YEAR
VOCATIONAL /BUSINESS		FROM	TO	HOURS PER WEEK	MAJOR STUDY		


Specialized Skills: Please list any pertinent skills or knowledge that you may have (computer software, office machines you can operate, machinery or heavy equipment you can or have operated; professional or occupational licenses you hold; mechanical, electrical, construction tools/ equipment, etc.) Be very specific:

Office Machines:	
Computer Software:	
Machinery/ Heavy Equipment:	
Professional / Occupational Lic.	

Work History: Describe any employment or occupation you have had, including experience in the armed forces and volunteer work. Begin with your present or most recent employment in Block A. Count each promotion as a separate job. Be sure to include all relevant details. Use a separate sheet, if necessary. **DO NOT LEAVE BLANK AND DO NOT STATE "SEE RESUME"**. A resume may be attached but will not be accepted in lieu of the application.

May we contact your current employer: Yes No If no, when may we contact? _____

A NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO	STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY	NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK
COMPANY PHONE	REASON FOR LEAVING			
DESCRIBE YOUR WORK IN DETAIL				
B NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO	STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY	NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK
COMPANY PHONE	REASON FOR LEAVING			
DESCRIBE YOUR WORK IN DETAIL				
C NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO	STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY	NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK
COMPANY PHONE	REASON FOR LEAVING			
DESCRIBE YOUR WORK IN DETAIL				
D NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO	STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY	NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK
COMPANY PHONE	REASON FOR LEAVING			
DESCRIBE YOUR WORK IN DETAIL				

 NAME OF COMPANY	DATES EMPLOYED (GIVE MONTH AND YEAR) FROM TO	STARTING SALARY	END/CURRENT SALARY	YOUR TITLE
ADDRESS OF COMPANY	NUMBER OF EMPLOYEES YOU SUPERVISED	NAME AND TITLE OF YOUR SUPERVISOR		HRS WORKED PER WEEK
COMPANY PHONE	REASON FOR LEAVING			
DESCRIBE YOUR WORK IN DETAIL				

APPLICATION MUST BE SIGNED IN ORDER TO BE EVALUATED. PLEASE CHECK ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

Signature Certification and Release of Information I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with SCIF Solutions 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 documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I am aware that I may be required to take and pass a physical examination which includes a drug and alcohol screening test after an offer of employment is made and employment is contingent on the result of that examination in accordance with the Americans with Disabilities Act. I understand that this application must be completed in full. Incomplete applications may be rejected. 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.

APPLICANT'S SIGNATURE _____

DATE _____

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

FOR USE OF THE DEPARTMENT OF HUMAN RESOURCES ONLY

INFORMATION VERIFICATION:

	YES	NO		YES	NO
Personal	<input type="checkbox"/>	<input type="checkbox"/>	Employment A	<input type="checkbox"/>	<input type="checkbox"/>
Military Service	<input type="checkbox"/>	<input type="checkbox"/>	Employment B	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	Employment C	<input type="checkbox"/>	<input type="checkbox"/>
Work History	<input type="checkbox"/>	<input type="checkbox"/>	Employment D	<input type="checkbox"/>	<input type="checkbox"/>
			Employment E	<input type="checkbox"/>	<input type="checkbox"/>
			Employment F	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Reviewer's Signature: _____

Date: _____

Veteran's Preference

If you are claiming Veteran's Preference, a copy of your DD214 or comparable document which serves as a certification of release or discharge claim, must be furnished at the time of application.

- Are you claiming Veteran's Preference?
 - Yes
 - No

- Check the appropriate box if you are claiming Veteran's Preference:
 - A Veteran with a service-connected disability which is compensable under public law; or a veteran who is receiving compensation, disability retirement benefits, or pension by reason of public laws, where "public laws" are those administered by the U.S. Department of Veterans Affairs; or
 - The spouse of a Veteran who cannot qualify for employment due to a service connected total and permanent disability, or spouse of a Veteran missing in actions, captured or forcibly detained by a foreign power; or
 - A Veteran of any war who has served on active duty for at least one day, and who was discharged or separated there from under honorable conditions from the Armed Forces of the United States if any part of such duty was performed during a wartime era (active duty for training is not allowable); or
 - The non-remarried widow or widower of a Veteran who died of a service-connected disability; or
 - Operation Enduring Freedom – October 7, 2001 till present.
 - Operation Iraqi Freedom – March 19, 2003 till present.
 - A Veteran that received the Armed Forces Expeditionary Medal.

Effective April 8, 1992, Chapter 92-80, Laws of Florida amended the definition of wartime service to include the Persian Gulf War, beginning August 2, 1990, and ending on such date as may be prescribed by presidential proclamation or by law.

SCIF Solutions, Inc. will give your application every consideration required by the law (Florida Administrative Code, Chapter 55A-7). If you believe you were not afforded employment preference in accordance with the law, you have the right to file a complaint within twenty-one (21) days of notice of non-selection for the position with the Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, Florida 33731, telephone 1-727-319-7400.

Signature: _____ Date: _____