



APPLICATION FOR EMPLOYMENT

NFES considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, NFES complies with applicable state and local laws prohibiting discrimination in employment. NFES also provides reasonable accommodations to qualified individuals with disabilities in accordance with applicable laws.

To receive proper consideration of this application, ALL questions on this application must be answered.

PERSONAL INFORMATION (PLEASE PRINT)	DATE OF APPLICATION
Name (Last Name, First Name, Middle Initial)	SSN will be required prior to employment
Current Address City	State Zip Code
Telephone Number	Referred By
Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, state your age	Position Requested
If under 18, do you have working papers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available

EDUCATION

High School Name and Address	Course of Study	Number of Years Attended	Highest Grade Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
College School Name and Address	Course of Study	Number of Years Attended	Highest Grade Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma or Degree Received			
Other (specify) Name and Address	Course of Study	Number of Years Attended	Highest Grade Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma or Degree Received			

PERSONAL INFORMATION

Do you have any relatives or personal friends in the employment of NFES? If yes, please state: Yes No

Name	Relationship
Name	Relationship

FIDELITY INFORMATION

Have you ever worked in a position which required you to be bonded? Yes No

If yes, please describe in full:	Name of Supervisor
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Answering yes WILL NOT necessarily disqualify you from consideration.
This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes No

If yes, please explain:

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, NFES will verify the status of every individual offered employment. In connection with these laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization after an offer of employment is made.

Are you currently authorized to work for all employers in the United States on a full-time basis, or only for your current employer?
 All employers Current employer only

EMPLOYMENT HISTORY

Give names and addresses of previous employers during the last ten (10) years, including civil service. List in order with current or last employer first and if additional space is required, a separate attachment may be added. If you are now working, give name and address of present employer and state such reason or desire to resign. Also give reason for any lapse of time between periods of employment.

Employers Name and Address	Telephone Number	Salary / Wages per hour	
	Immediate Supervisor	Date Started	End Date
	Reason for leaving	May we contact your employer?	
Describe in detail the work you performed		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	Reason for leaving	May we contact your employer?	
Describe in detail the work you performed		<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

Have you ever been dismissed or forced to resign from employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe in full:		

Please read and sign below

I understand and voluntarily agree that:

- The facts set forth in my application for employment are true and complete. I understand that any misrepresentations, omissions or false statements on this application shall be considered sufficient cause for refusal of employment, or, if employed, termination from NFES.
- I understand that if employed, I may be required to submit to drug and alcohol testing at various times without prior notice. A positive report from a drug or alcohol test will disqualify me from employment and will result in my termination.
- You are hereby authorized to make any investigation or verify all the information provided by me concerning, among other things, my prior employment, driving or criminal record, mode of living and/or other background data, including credit information, as it may relate to the position(s) I am applying for. I understand that upon written request to the Company, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
- I authorize and request that all of my present and former employers and those individuals that I establish as personal references furnish information about my employment records, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.
- I understand that in the event I am employed, my employment and compensation may be terminated with or without cause, with or without notice, at any time, at the option of either the company or me. I further understand that no representative of NFES, other than the NFES Chair or his/her designee has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement different from or contrary to any Company policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature _____ Date _____

FOR OFFICE USE ONLY				
Original Date of Hire	Position	Shift	Start Date	Location
Interviewed By		Employed By		

CONFIDENTIAL VOLUNTARY QUESTIONNAIRE

As an equal opportunity employer and government contractor, we are obligated by Federal regulations to monitor our employment practices to ensure nondiscrimination, measure the effectiveness of our affirmative action program and produce required reports. To assist in the process, you are invited to complete this questionnaire which will be greatly appreciated.

You are **NOT** required by law to provide the information requested. If you elect to provide the data, it will be detached from your application, be kept confidential, and used only in accordance with government regulations and Affirmative Action Policy. Refusal to provide this data will not adversely affect consideration for employment.

Race/Ethnic Group

- Hispanic or Latino
- White (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

Sex

- Male
- Female

VETERANS STATUS

Served on active duty during any war, campaign, or expedition for which a campaign badge was authorized?
____ Yes ____ No

Received the Armed Forces Service Medal? ____ Yes ____ No

Recently separated veteran (discharged or released from active duty within 3 years)? ____ Yes ____ No

Disable Veteran? ____ Yes ____ No

APPLICANT'S NAME (please print) _____

Signature _____ Date _____