



**MSA, P.C.**  
 5032 Rouse Drive, Suite 100  
 Virginia Beach, VA 23462-3764  
 PHONE (757) 490-9264 \* FAX (757) 490-0634  
[www.msaonline.com](http://www.msaonline.com)  
*Veteran-Owned Small Business Enterprise*

## Application for Employment

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

**(PLEASE PRINT)**

How did you learn about us?

Advertisement       Friend       Walk-In  
 Employment       Agency       Relative  
 Other: \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Telephone Number(s)</b>	<b>Social Security Number</b>
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If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES	NO
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Have you ever filed an application with us before?	YES	NO
If yes, give date: _____		

Have you ever been employed by us before?	YES	NO
If yes, give date: _____		

Are you currently employed?	YES	NO
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May we contact your present employer?	YES	NO
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Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?	YES	NO
<i>Proof of citizenship or immigration status will be required upon employment</i>		

On what date would you be available for work?	_____
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Are you available to work:	Full Time	Part Time	Shift Work	Temporary
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Are you currently on "lay-off" status and subject to recall?	YES	NO
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Can you travel if the job requires it?	YES	NO
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Have you been convicted of a felony within the last 7 years?	YES	NO
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*Conviction will not necessarily disqualify an applicant for employment*

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: If any of the requested information is stated on your resume, you may note “see resume” in the applicable areas.**

**Education**

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	Name & Address of School	Course(s) of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Are you fluent in any foreign language(s)?    YES    NO                      Spoken                      Written                      Both

If so, please list: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities that you believe would help you in this job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States Military: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any Professional, Trade, Business, or Civic activities and offices held. *\*You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

State any additional information you feel would be helpful to us in considering your application:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe any limitations you may have in performing the activities involved in the job for which you have applied (Please DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

References:

1. \_\_\_\_\_  
 Name (First & Last) Telephone Number including area code
2. \_\_\_\_\_  
 Name (First & Last) Telephone Number including area code
3. \_\_\_\_\_  
 Name (First & Last) Telephone number including area code

<b>SPECIALIZED SKILLS</b>			
(Indicate your skills and equipment operated)			
<input type="checkbox"/> PC	<input type="checkbox"/> Fax	Production/Mobile Machinery	Other Skills
<input type="checkbox"/> PDF Software	<input type="checkbox"/> Excel		
<input type="checkbox"/> AutoCAD Civil 3D	<input type="checkbox"/> Word		
<input type="checkbox"/> Typing Words Per Min: _____	<input type="checkbox"/> PowerPoint		

<b>APPLICANT'S STATEMENT</b>	
<p>I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein for employment as deemed necessary in reaching an employment decision. This application for employment shall be considered for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being considered at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will" and can be withdrawn at any time by either Employee or Employer without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of this employer.</p>	
_____ Signature of Applicant	_____ Date

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status. If the information is available on your resume, you may write "see resume" in the space(s) below.

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Phone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview                      YES              NO

Remarks: \_\_\_\_\_

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Employed              YES              NO              Date of Employment: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

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Position(s) Applied for is/are open:                      Yes              No

Position(s) Considered for: \_\_\_\_\_

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Date: \_\_\_\_\_

**NOTES:**

# APPLICANT DATA RECORD

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Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File, separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

(PLEASE PRINT)

DATE: \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

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REFERRAL SOURCE:    Advertisement    Friend    Relative    Walk In

Employment Agency    Other (please explain) \_\_\_\_\_

NAME: \_\_\_\_\_  
           Last                                      First                                      Middle

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                                 Street Address                                      City                                      State                                      Zip

## VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

Check one:

          Male                      Female

Race/Ethnic Group – Check one:

          White              Black              Hispanic              American Indian/Alaskan Native              Asian/Pacific Islander

Check if any of the following are applicable:

          Vietnam Era Veteran              Disabled Veteran              Disabled Individual