



NDIA/NTSA/PSA/WID – APPLICATION FOR EMPLOYMENT

NDIA/NTSA/AFEI/PSA/WID, a non-profit association, is an Equal Opportunity Employer. We are dedicated to hiring the individual who is best suited for the job. We will not discriminate against any employee or job applicant because of race, color, religion, national origin, sex, physical or mental disability, or age.

In order to protect your PII (Personal Identifying Information) any personal information found on this application or any supporting documentation will be removed as soon as it is discovered.

Fill out and save in Adobe Reader or Acrobat only!

Date: _____

Position Applied For: _____

Available Start Date: _____

I was referred by: _____

APPLICATION FOR EMPLOYMENT (Pre-Employment Questionnaire)

Name: _____
Last First Middle

Other Names Used: _____

Street Address: _____

City, State Zip: _____

Telephone Number: Home _____ Cell _____

E-mail address: _____

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? Yes No
(Proof will be required upon hire)

Have you ever applied for a position with NDIA or our Affiliates before? Yes No When? _____

Have you ever been convicted of a felony? Yes No When? * _____

***Give details – feel free to use a separate sheet or the back of this sheet.**

EDUCATION/CERTIFICATIONS: Please list all education including any professional certifications.

	School Name/Location	Years Attended	Degrees/Certificates	Subjects Studied
High School				
College/University				
Post Graduate School				
Specialized Training, Trade School, etc.				
Certifications				

PREVIOUS WORK EXPERIENCE: List below your last four employers, starting with the most recent. Stating “see resume” is not sufficient. Please complete information below.

- Employer Name _____ Date Hired _____ To _____
 Address _____
 Total Length of Employment _____ Supervisor Name _____
 Telephone # _____ Email Address _____
 Position Held _____ Length of Time at Current Position _____
 Previous Positions Held with This Employer _____

Current Responsibilities/ Duties:

Reason for Leaving: _____

May We Contact This Employer?
If no, why?

Yes

No

2. Employer Name _____ Date Hired _____ To _____

Address _____

Total Length of Employment _____ Supervisor Name _____

Telephone # _____ Email Address _____

Position Held _____ Length of Time at Current Position _____

Previous Positions Held with This Employer _____

Duties:

Reason for Leaving: _____

May We Contact This Employer?
If no, why?

Yes

No

3. Employer Name _____ Date Hired _____ To _____

Address _____

Total Length of Employment _____ Supervisor Name _____

Telephone # _____ Email Address _____

Position Held _____ Length of Time at Current Position _____

Previous Positions Held with This Employer _____

Duties:

Reason for Leaving: _____

May We Contact This Employer?
If no, why?

Yes

No

4. Employer Name _____ Date Hired _____ To _____

Address _____

Total Length of Employment _____ Supervisor Name _____

Telephone # _____ Email Address _____

Position Held _____ Length of Time at Current Position _____

Previous Positions Held with This Employer _____

Duties:

Reason for Leaving: _____

May We Contact This Employer?
If no, why?

Yes

No

Other skills; training that is directly related to the position for which you are applying (i.e on-the-job training programs, volunteer experience, etc.)

I certify all information given on this application and any supporting information is true and complete and I authorize a complete investigation. I agree that, if hired, I may be discharged if the Association, at any time learns of falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration for not only this position but future positions as well. I authorize the Association to contact all employer references listed for contact and all educational institutions and their release of all information requested which they may have about me. I hereby release the Association and all references from any liability which might be claimed because of information provided by such references.

I agree that, if hired, I will follow all Association policies, rules, procedures and all other directions. I understand I may terminate my employment at any time and for any reason without prior notice. I agree that if I am hired, I will be employed at the will of the Association and my employment can be terminated at any time, with or without notice.

I further understand that if I am selected as a finalist for the position within the Association, I may be subject to an investigation of criminal convictions. (Note: You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as: nature of the crime, recency of conviction, type work, etc.

I understand the Association reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in the Association has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by the President or COO of NDIA.

Applicant Signature _____ Date _____

NOTE: NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT THAT DOES NOT SIGN THE ABOVE STATEMENT