



APPLICATION FOR EMPLOYMENT

Human Resources
 3707 S. Godfrey Blvd.
 Bldg. 1378, Suite 104
 Spokane, WA 99224
 V 509-624-3255
 F 509-838-7740

SERE Solutions, Inc. Non Discrimination Policy

SERE Solutions, Inc. is an equal opportunity employer, and will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, or national origin.

General Information

Position/Location Applying for:	Referred by:	Date Available:	Full time: <input type="checkbox"/>
			Part time: <input type="checkbox"/>
Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	Zip Code:
Email Address:	Phone:	Are you willing to relocate?	
		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Have you, within the last ten years, been convicted of a crime or released from prison? Yes No
 Are there any criminal charges currently pending against you? Yes No
 If the answer to either of these questions is "yes", please explain.

Military History

Branch of Service:	Dates of Service:
MOS, Rate, AFSC and Duty Position:	Highest Rank Held:
Type of Training, Education, and Work Experience:	Security Clearance and Date:

SERE / Personnel Recovery Experience:

Level B Level C SERE Instructor Other, please explain.

Education History

Name of High School, College, University, Vocational School	Dates Attended		Years Completed 1 2 3 4 5	Major	Degree
	From:	To:			

Indicate any other trades, skills, special training, or licences you possess related to this position:

Personal Computers (check all that apply)

Word Processing Spreadsheet Database Other List software used:

Employment History

Beginning with your most recent employment history, list all your work experience including self employment, military service, and periods of unemployment. Resumes will not be accepted in place of application.

Employer:	Supervisor's Name:	May we contact?	If yes, phone number:
Address:		Date Employed (Mo/Yr): From: To:	
Most recent position:		Reason for leaving:	
Summarize major work duties:			

Employer:	Supervisor's Name:	May we contact?	If yes, phone number:
Address:		Date Employed (Mo/Yr): From: To:	
Most recent position:		Reason for leaving:	
Summarize major work duties:			

Employer:	Supervisor's Name:	May we contact?	If yes, phone number:
Address:		Date Employed (Mo/Yr): From: To:	
Most recent position:		Reason for leaving:	
Summarize major work duties:			

Resume and References

Please submit a copy of your most recent resume with this application. Also provide a list of three professional references and three personal references not related to you, whom you have known for at least one year. Be sure to include full name, address, business, telephone number, and the number of years known.

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize an investigation of all statements contained herein and references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature:	Date:
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VOLUNTARY APPLICANT IDENTIFICATION

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Separate immediately from
Applicant File.

REQUIRED:

Name _____ Phone _____

Address _____

Job applied for, or your specific skill area: _____

The U.S. government requires us to ask this information of job applicants. Your name and contact information is required.

VOLUNTARY INFORMATION:

You may volunteer, but you are NOT REQUIRED, to tell us your ethnicity, race or gender. The information is used to study efforts to attract diverse pools of qualified applicants and ensure equal employment opportunity.

We do not send your response to the government. We report only group totals. However, it may be viewed by federal auditors or other officials. This is NOT part of your employment file. Hiring is always based on individual job qualifications. The law prohibits quotas, preferences or any consideration of your sex, race or ethnicity in employment decisions.

We invite you to **VOLUNTARILY** identify yourself in the categories below, now or at any time in the future. If you decline, it will not subject you to adverse treatment.

1. GENDER: _____ Male _____ Female
2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b. if applicable)
 - a. Hispanic or Latino? () Yes () No
If you selected "No", please also consider volunteering the following:
 - b. Racial Background - Non-Hispanic:
() White/Caucasian, Non-Hispanic or Latino
() Black or African American, Non-Hispanic or Latino
() Asian, Asian American Non-Hispanic or Latino
() Native Hawaiian or Other Pacific Islander, Non-Hispanic or Latino
() American Indian/Alaska Native, Non-Hispanic or Latino
() 2 or more races, Non-Hispanic or Latino
3. VETERAN STATUS (Permissible pre-offer when done to comply with federal AAP rules.)
() Disabled Veteran - Entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or discharged or released from active duty because of a service-connected disability.
() Other Protected Veteran - Served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
() Recently Separated Veteran - Active duty ended within the past: _____ 1 year _____ 3 years
() Armed Forces Service Medal Veteran - Participated in a US military operation for which an Armed Forces Service Medal was awarded.
() Veteran of the Vietnam Era - served over 180 days active duty, and discharged or released with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975.
4. DISABILITY STATUS
() Disabled - If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment. It would also assist us if you would tell us about any special methods, skills or procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind (OFCCP recommended language).

_____ I decline to answer. **Please sign and return this form even if you do not answer.**

Please sign here: _____ Date _____

Employer Use Only:

EEO-1 Occup: 1.1 = Top/Executive Managers, 1.2 = All other managers/supervisors, 2 = Professionals, 3 = Technicians, 4 = Sales, 5 = Adm.Support/Clerical, 6 = Skilled Crafts, 7 = Operators, 8 = Labor, 9 = Service (guards, janitors)

JOB GROUP CODE: _____ If current opening, Job Applied For: _____ Rev. 6/2010