

WARDEN ASSOCIATES, INC.

Employment Application

Warden Associates is an Equal Opportunity Employer.
Applicants will be considered without regard to race, color, sex, religion, age, national origin,
marital status, disability, veteran status, or sexual orientation.

Name: _____

Date: _____

WARDEN ASSOCIATES, INC.
6218 Keene Mill Court
Springfield, VA 22152
Telephone: (703) 644-5912
Fax: (703) 644-1899

Personal Data

Name _____ Social Security No. _____
Last First Middle

Address _____
Street & Number City State Zip Code

Home Telephone No. _____ U.S. Citizen: Yes No Age: _____
(If Under 18)

If Any of Your Employment Has Been Under a Different Last Name, Please Indicate: _____

Do You Have Relatives or Friends in the Company? Yes No
 Who? _____ What Relationship? _____

Whom Should We Notify in Case of an Emergency? _____
Name Telephone

_____ Street & Number City State Zip Code

Education

Schools	Name and Location of Schools	Major	Years Completed	Degree
High School				Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>
College				
Business Or Technical School				
Other				
With What Professional or Technical Societies Are You Affiliated?		List Any Professional/Technical Certifications That You Have Earned:		

U.S. Military Service

Service Dates: From _____ To _____ Branch _____

Rank at Discharge or Separation: _____

Present Status: Active Duty/Reserve Status _____

Employment Information

Position(s) Applied for or Desired: 1.) _____ 2.) _____ 3.) _____

Are You Available to Work Full Time? ___ Part Time? ___ Specify Days and Hours If Part Time: _____

If Your Application Is Considered Favorably, on What Date Will You Be Able to Start Work? _____

What Wage/Salary Do You Expect? _____

What Special Skills or Qualifications Do You Offer? _____

What Has Prompted You to Apply for a Position with the Company? _____

Have You Ever Been Convicted of a Felony? Yes No

Do You Have Any Physical or Mental Disabilities That Would Preclude You from Performing the Essential Functions of the Position for Which You Are Applying? Yes No

If Yes, What Reasonable Accommodations Would Be Necessary for You to Perform These Responsibilities? _____

Are You Legally Eligible for Employment in the United States? Yes No

Previous Employers (List Current Position First)

Name of Employer: _____ Dates: From _____ To: _____

Address: _____
Street & Number City State Zip Code

Position Held: _____ Salary: Start _____ End _____

Describe the Responsibilities of Your Position: _____

Name of Immediate Manager: _____ Telephone #: _____

Reason(s) for Leaving: _____

Name of Employer: _____ Dates: From _____ To: _____

Address: _____
Street & Number City State Zip Code

Position Held: _____ Salary: Start _____ End _____

Describe the Responsibilities of Your Position: _____

Name of Immediate Manager: _____ Telephone #: _____

Reason(s) for Leaving: _____

Name of Employer: _____ Dates: From _____ To: _____

Address: _____
Street & Number City State Zip Code

Position Held: _____ Salary: Start _____ End _____

Describe the Responsibilities of Your Position: _____

Name of Immediate Manager: _____ Telephone #: _____

Reason(s) for Leaving: _____

Employment Information (Continued)

Employment, Professional, and/or Academic References Complete All Sections

Name	Organization Where Person Is Employed	Years Known	Address of Company or Person
			<hr/> No. & Street <hr/> City & State Tel. No.
			<hr/> No. & Street <hr/> City & State Tel. No.
			<hr/> No. & Street <hr/> City & State Tel. No.

Permission is granted to contact the above references *other* than current employer: Yes No

Current Employer: Yes No

I understand that in order to achieve uniformity and to comply with company policy, the Company's offers of employment are limited to those contained in written offer letters to prospective employees. I also understand that any verbal discussions of terms or conditions of employment by company representatives are not binding upon the Company unless confirmed in such offer letters.

I understand that my employment is contingent upon the satisfactory completion of three (3) reference checks and the verification of information contained in this application.

I understand that my employment is contingent upon my signing a statement indicating my understanding of, and willingness to comply with, the Company's policy on Substance Abuse.

I also understand that should I be employed by the Company, I will be required in accordance with the Immigration Reform and Control Act of 1986 (IRCA), to provide, on my first day of employment, documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment and that failure to comply will void my offer of employment.

I understand that should I be employed by the Company, my employment is "at will". This means that either party may end the relationship at any time, with or without notice, as prescribed by the Company's policy on Termination. There is no promise or guarantee that my employment will continue for any specified period of time.

I have read and understand the provisions outlined above and affirm that the information is complete and true. I understand that, if employed, any false statements may be considered sufficient cause for dismissal.

Signature of Applicant

Date