abracadabra
Systems Company

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL

Name (Last, First, Middle)	Date (mm/dd/yyyy)
Street Address	Home Phone ( )
City, State, Zip Choose state...	Business Phone ( )
Have you ever been granted a Security Clearance? ☐ Yes ☐ No	Will you work overtime if asked? ☐ Yes ☐ No
Have you ever had a Security Clearance suspended, denied or revoked? ☐ Yes ☐ No	When will you be available to begin work?
Are you a U.S. citizen? ☐ Yes ☐ No If no, type Visa:	
How did you learn of our organization?	
Position desired.	
Have you ever been dismissed or laid off from any employment? ☐ Yes ☐ No If yes, explain:	
Do you have a valid driver's license? ☐ Yes ☐ No Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No If yes, explain:	

EDUCATION & TRAINING

SCHOOL	NAME & LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	1) DID YOU GRADUATE? 2) GRADE POINT AVERAGE (GPA)?	DEGREE OR DIPLOMA
HIGH SCHOOL				1) ☐ Yes ☐ No	
UNDERGRADUATE/ OTHER				1) ☐ Yes ☐ No 2) GPA:	
GRADUATE				1) ☐ Yes ☐ No 2) GPA:	

Qualifications/skills useful for the position:

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Describe your duties and any special training:	Period of Active Duty (month & year) From: To:
	Rank at Discharge
	Date of Final Discharge

Abracadabra Systems Company is an Equal Opportunity Employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability or veteran status.

Federal and state law prohibits discrimination because of age, race, color, sex or national origin. You may exclude all information of age, race, color, sex, national origin or religion.

SAMPLE

EMPLOYMENT HISTORY

Present or Last Employer

Name of Employer	Telephone ( )
Address (Street, City, State, Zip Code)	Employment Date (month & year) From: To:
Name of Supervisor Your Job Title	Annual/Hourly Salary Start:
Reason for Leaving	Current/Last:
Description of Duties	May we contact this employer? ☐ Yes ☐ No
	May we contact you at work? ☐ Yes ☐ No

Next Previous Employer

Name of Employer	Telephone ( )
Address (Street, City, State, Zip Code)	Employment Date (month & year) From: To:
Name of Supervisor Your Job Title	Annual/Hourly Salary Start:
Reason for Leaving	Last:
Description of Duties	Is your former supervisor still employed with this company? ☐ Yes ☐ No If no, please provide new telephone number:

Next Previous Employer

Name of Employer	Telephone ( )
Address (Street, City, State, Zip Code)	Employment Date (month & year) From: To:
Name of Supervisor Your Job Title	Annual/Hourly Salary Start:
Reason for Leaving	Last:
Description of Duties	Is your former supervisor still employed with this company? ☐ Yes ☐ No If no, please provide new telephone number:

Unemployment - Account for all periods of unemployment of two weeks duration or more since you left school until the present time.

From	To	State What You Were Doing

The undersigned _____ in connection with this application authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, and former employers to release information they may have about me to Abracadabra Systems Company; and releases them from any liability from doing so; and further authorizes the procurement of investigative consumer reports which may contain information about my background, character and personal reputation.

I understand that my employment is contingent upon verification of my work history and educational background, verification of identity and employment authorization. I understand that I may be required to obtain a Government Security Clearance. Continued employment is dependent upon maintaining a valid clearance. I further understand that if I am unable to obtain a Government Security Clearance my employment will be terminated.

I hereby certify that all statements I have made in connection with my application for employment are true and that I have not withheld any pertinent information and that any falsification may result in immediate dismissal.

Date _____ **Applicant's Signature** _____

SAMPLE