



APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

1934 Old Gallows Rd. Vienna, VA 22182

Date _____

NAME _____ Social Security Number _____

(Note: Completion of SSN is optional. Failure to submit SSN on this form will not prohibit employment consideration. SSN may be required on other forms prior to employment)

PRESENT ADDRESS _____

ARE YOU 18 YEARS OR OLDER? yes no PHONE NO. _____ APARTMENT NO. _____

IN CASE OF AN EMERGENCY NOTIFY _____

Name Address Phone No.

POSITION APPLIED FOR: _____

DATE YOU CAN START WORK _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DEGREE/CERTIFICATE (YEAR)	MAJOR SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SPECIAL TRAINING _____

SPECIAL SKILLS (i.e., clerical , computer, foreign language, etc.) _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO *Note: Proof of citizenship or immigration status will be required upon employment*

For purposes of compliance with Section 2.2-2903 of the Code of Virginia, have you ever served in the Armed Forces of the United States? Yes No If yes, please attach a full copy of your DD Form 214.

HUMAN RESOURCES USE ONLY

Date Received: _____ Copy to: _____ Date: _____

Request to reactivate prior application: Date: _____ Prior Position: _____ Resubmit for: _____

Contact for Interview: Yes No Interview Date: _____ Reschedule Date: _____

Decline (reason): _____

Notes: _____

May we contact your past employer(s)? Yes No May we contact your present employer(s)? Yes No

CURRENT/FORMER EMPLOYERS (List below last three employers, starting with most recent one first)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
Month Year Month Year

STARTING SALARY _____ FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME & TITLE OF SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

Reason for Leaving _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
Month Year Month Year

STARTING SALARY _____ FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME & TITLE OF SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

Reason for Leaving _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
Month Year Month Year

STARTING SALARY _____ FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME & TITLE OF SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

Reason for Leaving _____

HAVE YOU BEEN EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?

Misdemeanor: Yes No Felony: Yes No If Yes, provide date(s) and nature of offense(s):
Date: _____ Nature of Offense: _____
Date: _____ Nature of Offense: _____

(Note: You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied).

REFERENCES: List the names of three persons NOT related to you who have knowledge of your qualifications for this job.

NAME	ADDRESS/TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED
1. _____	_____	_____	_____
-			
2. _____	_____	_____	_____
-			
3. _____	_____	_____	_____

AUTHORIZATION TO RELEASE INFORMATION

I hereby certify that all entries on this application are true and complete to the best of my knowledge, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment.

I hereby authorize any investigator or duly accredited representative of Building Performance Solutions, LLC (BPS) bearing this release, or a copy thereof, within one (1) year of its date, to obtain any information from schools, residential management and/or credit agents, employers, criminal justice agencies, or any individual or business that can attest to my personal or professional activities. This information may include, but is not limited to, academic achievement, performance, attendance, personal history, training, disciplinary actions, credit, driving, criminal, civil court records and conviction and arrest records.

I hereby authorize and request your release of such information upon request of the bearer. I understand that the information released is for official use only by authorized agents of BPS. Virginia, as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with BPS. Virginia is of an "at will" nature, which means that employment is not for any specific time period or duration, and that the employee may resign at any time and the employer may discharge employee at any time with or without cause. While the companies employment practices may change from time to time, employee's at will status may only be changed by official approval of BPS principal in accordance with the Code of Virginia.

SIGNATURE _____ DATE _____

PRINT NAME _____ TELEPHONE _____

**Building Performance Solutions, LLC
1934 Old Gallows Road Suite 350
Vienna, VA 22182
www.bpconsultingsolutions.com**

Employees of BPS, and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, gender, national origin, age, disability, marital status, or political affiliation. The company also complies with all applicable laws governing employment practices and does not discriminate on the basis of any unlawful criteria.