



Savannah River Remediation

Employment Application

We appreciate your interest in working with Savannah River Remediation. As an equal opportunity and affirmative action employer, the Company is committed to administering all employment and personnel actions on the basis of merit and free of discrimination based on race, color, religion, sex, age, national origin, sexual orientation, disability, veteran, genetics or any other legally protected status. Consistent with this commitment, the Company is dedicated to the employment and advancement of qualified minorities, women, individuals with disabilities, special disabled veterans, veterans of the Vietnam era, recently separated veterans, and any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, and persons of all ethnic backgrounds and religions according to their abilities. Any request for citizenship information in this application is made solely for the purpose of ensuring the Company's compliance with U.S. export and other laws, and is not a request for an applicant's race, color, religion, national origin, or any other legally protected status.

Directions: Please read the entire form before you begin filling it out. Answers should either be typed or carefully written in ink so that they are clear and readable. Resumes will not be accepted in place of any information required on this form. This application must be completed in full before any offer of employment may be considered, so be certain to complete each section (indicating "None" or "Not Applicable" as appropriate). Any misrepresented, false, or omitted information will disqualify your application or, if discovered after employment commences, may result in immediate dismissal.

General Information			
Last Name	First Name	Middle Initial	Date of Application
Temporary Address (City, State, Zip Code)			Telephone Number
Permanent Street Address (City, State, Zip Code)			E-mail Address
Social Security Number	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked for the U.S. government in a procurement capacity during the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>U.S. export and security control regulations impose restrictions on access to controlled and/or sensitive technology by individuals who are not U.S. citizens. Regulatory disclosure and licensing requirements may apply. The citizenship status information requested below is required to comply with these requirements.</p> <p>Are you a U.S. citizen?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please identify current country(ies) of citizenship and legal permanent residence status.</p>			
Position Applying For			
Position(s) Applied For / Title	Date Available	Expected Salary	

Employment

Beginning with most recent, list all employment, including part-time and self-employment. Attach additional sheets if necessary.

Employer Name		Street Address, City, State, Zip	
Dates of Employment		Position Title	Job Location
From MM/YY	To MM/YY		
Name & Title of Supervisor		Telephone Number	Reason for Leaving
Final Salary	Other Compensation (Bonus, OT)	Briefly describe your work	
Employer Name		Street Address, City, State, Zip	
Dates of Employment		Position Title	Job Location
From MM/YY	To MM/YY		
Name & Title of Supervisor		Telephone Number	Reason for Leaving
Final Salary	Other Compensation (Bonus, OT)	Briefly describe your work	
Employer Name		Street Address, City, State, Zip	
Dates of Employment		Position Title	Job Location
From MM/YY	To MM/YY		
Name & Title of Supervisor		Telephone Number	Reason for Leaving
Final Salary	Other Compensation (Bonus, OT)	Briefly describe your work	
Employer Name		Street Address, City, State, Zip	
Dates of Employment		Position Title	Job Location
From MM/YY	To MM/YY		
Name & Title of Supervisor		Telephone Number	Reason for Leaving
Final Salary	Other Compensation (Bonus, OT)	Briefly describe your work	
Employer Name		Street Address, City, State, Zip	
Dates of Employment		Position Title	Job Location
From MM/YY	To MM/YY		
Name & Title of Supervisor		Telephone Number	Reason for Leaving
Final Salary	Other Compensation (Bonus, OT)	Briefly describe your work	
If you do not want us to contact specific employers, indicate so here. DO NOT CONTACT:			
Employer Name (s): _____			
Reason(s): _____			

Education

High School Name _____ Street _____ City State Zip _____	Special Courses Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No OR General Educational Development – GED Certification State Issued ____
College or University Name _____ Street _____ City State Zip _____	Degree and Major Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University Name _____ Street _____ City State Zip _____	Degree and Major Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University Name _____ Street _____ City State Zip _____	Degree and Major Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Vocational School or Other Name _____ Street _____ City State Zip _____	Degree and Major Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Job-Related Accomplishments

Please provide any additional information that you believe further illustrates your job-related abilities.

Professional License/Certificate	Number	Issued by	Expiration Date

Publications and/or Inventions/Patents

Honors, Awards and/or Special Achievements

Professional memberships, including offices held. (Do not include any information that would indicate your race, color, creed, sex, religion, age, national origin, disability, or any other legally protected status.)

Please List Two Professional References

Name	Position	Company	Address	Telephone

U.S. Military Service

Describe Job Duties and Any Special Training Received

Security Clearance

Do you hold, or have you held in the last 12 months, a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level	Granting Agency	Company Where Cleared

Other Information *Please answer each of the following questions.*

- Are you currently or have you ever been subject to an order of suspension or debarment from working on federal contracts?
 Yes No
- Have you ever been denied a security clearance? Yes No
- If you served in the Military:
 - Were you dishonorably discharged? Yes No
 - Have you ever been convicted by a general court-martial? Yes No

If you answered "Yes" to any of the above questions, please provide the date(s) and details for each:

- Have you ever been convicted of a crime, including either a felony or a misdemeanor (other than a minor traffic violation)? A "conviction" includes a plea, verdict or finding of guilt regardless of whether sentence was imposed by the court. You should not list (1) convictions which have been judicially sealed or expunged, (2) misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been dismissed by the court, and (3) information concerning a referral to, and participation in, any pretrial or post trial diversion program.
 Yes No

If yes, state location, date and description.

- Are you currently out on bail or on your own recognizance pending trial for a felony crime?
 Yes No

If yes, please explain.

Note: Answering "Yes" to any of the above Other Information questions (1 through 5) does not constitute an automatic bar to employment.

Please Read and Initial Each of the Following Statements Before Signing Your Completed Application

_____ I certify that all information I have supplied on this Employment Application is true, correct, and complete. I understand that false, incomplete, or misrepresented information will disqualify my application. I further understand that, if I am offered employment and such information is discovered after my employment commences, the information could cause immediate termination of my employment.

_____ Except for those previous employers identified as “not to contact” on page 2 above, I authorize the Company and/or its agents to contact and obtain information about me from previous employers and educational institutions set forth on this Application, as well as from any other party necessary to verify the accuracy of information I have disclosed in this Application, a related resume, or a personal interview.

_____ I understand that the Company’s consideration of my application for employment includes an investigation of the information I have provided on this Application and other relevant information such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected.

_____ I voluntarily and knowingly release the Company, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that the Company maintains a drug and alcohol-free workplace. I also understand that as a condition of employment I must successfully complete and pass a drug and breathalyzer screen test. I further understand that in the event that my drug and breathalyzer screen test fields positive results, this may disqualify my application or if I am offered employment and such results are discovered after my employment commences, could cause immediate termination of my employment.

_____ In the event of my employment with the Company, I understand that my employment is at-will. This means that either the Company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing contained in this Application or in any other written or verbal communication is intended to create a contract of employment for any specified period of time or to create a warranty or guarantee of benefits.

_____ I understand that, according to federal law, all individuals who are hired must produce, as a condition of employment, certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this Application is not an offer of employment or contract, and that this Application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an Applicant will end, and that I may re-apply for employment in the future.

Signature

Date