



## Employment Application

This company and its clients do not discriminate in hiring or employment on the basis of race, color, religious, creed, national origin, citizenship, sex, veteran status, disability, ancestry, or on the basis of age of persons whose age is forty and above. No question on this application is intended to secure information to be used for any such unlawful purpose. The company will not be able to offer or continue employment unless an applicant's background meets set hiring standards. If there is not enough room to fully disclose all requested information on this form, please respond on a separate sheet of paper. This Employer Participates in E-Verify. Este Empleador Participa en E-Verify

**BACKGROUND INFORMATION** (Please use ink and print)

E-MAIL:

Name (Last)		(First)	(Middle)
Social Security Number		Telephone Number Home:	Work: Cell:
Current Address (Street)		(City)	(State) (Zip)
1 <sup>st</sup> Prior Address (Street)		(City)	(State) (Zip)
2 <sup>nd</sup> Prior Address (Street)		(City)	(State) (Zip)
3 <sup>rd</sup> Prior Address (Street)		(City)	(State) (Zip)
If previously Employed under other Names please List			
Are you at Least 18 years of Age?			
Yes _____ No _____			
Are you Legally Entitled to Work in the U.S.?		If you are now employed, may we contact your present employer?	
Yes___ No___		Yes___ No___	

**EDUCATION-** You will be required to submit proof of the highest level of education if offered employment

Name	Address	City	State	Major Courses/Subject	Circle last Year Completed	Degree/G.P.A
High School or Preparatory					1 2 3 4	
Business School					1 2 3 4	
College					1 2 3 4	
Graduate School					1 2 3 4	



WHAT LANGUAGE, OTHER THAN ENGLISH, DO YOU SPEAK AND UNDERSTAND:

READ \_\_\_\_\_

WRITE \_\_\_\_\_

List Scholastic honors, offices held, and activities in college.

Are you planning to pursue further studies?      Yes \_\_\_\_\_ No \_\_\_\_\_ Day School \_\_\_\_\_ Night School \_\_\_\_\_

If so, when and where and what courses: \_\_\_\_\_  
\_\_\_\_\_



**EMPLOYMENT HISTORY**

Please list last four positions held with current employment first. List all employers and include Military Service.

<u>Name and Address of Employer</u> <hr/> <hr/> Phone No. _____ Supervisor _____	<b>Employment Dates</b> From: _____ To: _____ Salary Beginning _____ Ending _____	<b>Job Title and Duties</b>	<b>Reason for Leaving</b>
<u>Name and Address of Employer</u> <hr/> <hr/> Phone No. _____ Supervisor _____	<b>Employment Dates</b> From: _____ To: _____ Salary Beginning _____ Ending _____	<b>Job Title and Duties</b>	<b>Reason for Leaving</b>
<u>Name and Address of Employer</u> <hr/> <hr/> Phone No. _____ Supervisor _____	<b>Employment Dates</b> From: _____ To: _____ Salary: Beginning: _____ Ending: _____	<b>Job Title and Duties</b>	<b>Reason for Leaving</b>
<u>Name and Address of Employer</u> <hr/> <hr/> Phone No. _____ Supervisor _____	<b>Employment Dates</b> From: _____ To: _____ Salary: Beginning: _____ Ending: _____	<b>Job Title and Duties</b>	<b>Reason for Leaving</b>

**UNEMPLOYMENT RECORD**

Account for all periods of unemployment of 60 days duration or more during the last seven years.

FROM:		TO		State What You Were Doing
Mo	Year	Mo	Year	
Mo	Year	Mo	Year	
Mo	Year	Mo	Year	
Mo	Year	Mo	Year	



JOB SPECIFICATIONS/IFORMATION

Have you ever been disciplined or discharged for fighting, violent or inappropriate physical or verbal behavior, insubordination, theft or related offense? If yes explain:			
Type of work applying for Full Time _____ Part Time _____ Temporary _____ Summer _____		Date Available	Shift Available
Are you currently on "lay-off status and subject to recall? Yes ___ No ___		If yes when	Salary Requirement
		Date (From) _____ (To) _____	Company
For what category of work are you applying?			
JOB CATEGORY	Experienced	JOB CATEGORY	Experienced
___ Managerial	Yes ___ No ___	___ Cultural Role Player	Yes ___ No ___
___ Program	Yes ___ No ___	___ Foreign Language Specialist	Yes ___ No ___
___ Assistant			
For what specific position and location are you applying? _____ El Paso/Ft.Bliss.			
Indicate your specific Job Skills:			
Computer Equipment _____ Data Entry _____ Other _____ specify			
Rate your expertise in the following functions:			
Microsoft Word _____		PowerPoint _____	
Excel _____		Access _____	
Outlook _____		Project Mgmnt _____	
Please list below three business references (not relatives), who you have known at least one year.			
NAME	BUSINESS NAME	ADDRESS	PHONE NUMBER



ACKNOWLEDGEMENT

I certify that all statements and representations made in this application are true and correct and I have withheld nothing which would, if disclosed, adversely affect my application. I understand that Milvian Solutions, LLC. relies upon such statements in making its employment decisions and I authorize Milvian Solutions, LLC. to investigate all such statements contained therein. I understand and agree that any misrepresentation will be sufficient cause for cancellation of the application and /or separation from Milvian Solutions if such misrepresentation is discovered at any time after my employment by the Company.

By virtue of my signature below, I acknowledge of the following statement.

I hereby authorize Milvian Solutions to obtain an investigative background check if applicable, in connection with my Application for employment. I further understand that Milvian Solutions may require, as a condition of employment, that I Submit to testing for alcohol and / or illegal drugs.

I hereby authorize Milvian Solutions to contact all relevant employers, individuals, and educational institutions for reference purposes, and release Milvian Solutions from any and all liability, including liability arising from the employer's negligence, arising from the employers verification of my prior employment history, criminal record, references and any other background information. Additionally, I authorize Milvian Solutions, LLC. to supply my employment record in whole or in part and in confidence to any prospective employer, government agency, or other party with legal or proper interest I release from any and all liability including liability arising from negligence, all persons and entities who supply Milvian Solutions, LLC. with information pertaining to my prior employment history, criminal record, references and any other background information. Further, if I am employed by Milvian Solutions, LLC. I agree as a condition of continued employment to otherwise fully cooperate with the internal investigation conducted by Milvian Solutions, LLC.

Nothing contained in this employment application shall constitute a contract of employment and I understand and agree that if I am employed such employment will be "at will." I understand that any oral statements made to the contrary are not authorized by Milvian Solutions, LLC management and should not be relied on by me in the event of my employment. I will comply with all rules and regulations as set forth in Milvian Solutions, LLC's Policy Manual or other communications distributed to all employees. I hereby acknowledge that I voluntarily sign and have read and understand the above statements.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT



BACKGROUND RELEASE FORM

In connection with this application for employment, I understand that an investigative background check may be requested now, and in the future as terms of my continued employment. This report may include information pertaining to my character, education, work history, credit history, motor vehicle records, and criminal information contained within any government agency, Federal, State, or Local. Some counties require date of birth to gather any requested criminal information. This information shall include, but not limited to, verifying any statements made on my application.

I hereby authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release any information they may have about me to Milvian Solutions, LLC. or its agents, and do forever release from any liability or responsibility for doing so to the fullest extent allowed by law from any claims arising from the requested information.

If required by Milvian Solutions, LLC. I specifically authorize a Background check to be obtained on myself.

I recognize and agree that a copy or facsimile of this document shall be valid as the original. I recognize and agree that this release shall be valid for this and any future update reports requested.

**CONFIDENTIAL INFORMATION USED FOR BACKGROUND CHECKING PURPOSES ONLY.**

The information provided is for adequacy and completeness, and will not be shared or used for no other purpose within the company, and the information provided is protected within the company and shall maintain confidentiality and will be preserved and protected against access by anyone within the company other than the Human Resources. This form will be kept in a file separate from your application.

Print First Name                      Middle Name                      Last Name

Social Security Number

Print any other names you may have used

Drivers License Number                      State of Issue

Date of Birth (This is required for identification purposes only.)

Current Address

Signature    Date



**AFFIRMATIVE ACTION SURVEY**

Provision of this information is voluntary and refusal to do so will not subject any applicant to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government. Data reported will not identify any specific individual.

Full Name: _____
Address: _____ _____
Position Applied for: _____ Phone No. _____
Signature: _____ Date: _____

**RACE/ETHNICITY & GENDER INFORMATION:**

GENDER:

MALE     FEMALE

CHECK ONE;

Hispanic or Latino     Not Hispanic or Latino

Check One: (only if not Hispanic or Latino)

- Asian     Black or African American     Native American or Alaska Native  
 White     Two or More Races     Native Hawaiian or Pacific Islander  
 I do not wish to self-identify. I decline to participate.



In order to properly conduct reference checks, please list three (3) business related, not personal, references with current contact information of individuals who will be able to comment on your job performance (Ex: Previous Employers, Managers, Supervisors, Co-Workers).

*All information provided must be complete in order to properly process.*

1. Company: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Company: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Company: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_