



Application for Employment

This Employer Participates in E-Verify

Federal law requires all government contractors to verify the identity and employment eligibility of all persons hired to work in the United States respective to any contract which includes FAR 52.222-54 (Employment Eligibility Verification).

Date of Application:			
Date of Birth:		State of Birth:	
Name: (Last, First, Middle)		Position Applying For:	Driver License #: State of Issue:
E-mail Address:		Home Phone #:	Cell Phone #:
Physical Address:	City:	State:	Zip: How long at current address? Years Months
Mailing Address:	City:	State:	Zip: Social Security Number:

Personal Information

Availability

Date available to start work:

Currently I am available for all shifts.

My availability is:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Military Record

Branch of service:	From:	To:
Present military affiliation:	<input type="checkbox"/> None <input type="checkbox"/> Reserve (Active) <input type="checkbox"/> Reserve (Inactive) <input type="checkbox"/> Civil Service <input type="checkbox"/> Retired	
Types of training and duty while in service:		

Education

School Name	City	State	Last Level Completed	Degree(s)
High School			<input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR	
College/University			<input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR	
Other				

Employment Record

Beginning with your present or most recent employer, list all companies/employers that you have worked for.

Company:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address:		City:	State: ZIP code:
Position Held:		Brief description of job duties:	
Supervisor's Name: Phone #:			
Hourly Wage / Salary:	Dates Worked From: To:	Reason for Leaving:	

Company:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address:		City:	State: ZIP code:
Position Held:		Brief description of job duties:	
Supervisor's Name: Phone #:			
Hourly Wage / Salary:	Dates Worked: From: To:	Reason for Leaving:	

Company:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address:		City:	State: ZIP code:
Position Held:		Brief description of job duties:	
Supervisor's Name: Phone #:			
Hourly Wage / Salary:	Dates Worked: From: To:	Reason for Leaving:	

Professional/Work References

List three individuals who are not related to you that have knowledge of your qualifications for the position for which you are applying.

Name	Address (street, city, state, ZIP code)	Phone no. (Incl. area code)	Occupation

Criminal History

Have you ever been convicted of a Felony? Yes No

(A felony is described as a serious crime, characterized under federal law, as any offense punishable by death or imprisonment greater than one year.)

If yes, briefly describe the felony charge and date of conviction:



YOUR SIGNATURE IS REQUIRED

Employee Disclaimer Acknowledgement

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate termination if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with STARLIGHT CORPORATION, any employment relationship with STARLIGHT CORPORATION is considered "employment at will." I acknowledge that "employment at will" means that either STARLIGHT CORPORATION or I can terminate my employment relationship at any time, with or without notice or cause.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, educational and qualifications for employment. I also authorize you to request and receive such information. I release such persons and organizations from any liability in making such statements.

I acknowledge that if my position involves working on a military base, my continued employment will be contingent on the obtainment of a base pass upon employment and annually thereafter. I understand and authorize a full criminal back check to be conducted by either Starlight Corporation or by the security force of the military base. If the government contract under which I may be employed requires SECRET or TOP SECRET clearances, I acknowledge that I will be required to undergo a thorough background investigation conducted by the Department of Defense.

I have read, understand, and agree to the above statements.

Employee Signature

Print Name

Date

E-Verify (Employment Eligibility Verification)

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9 form.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

IMPORTANT NOTE: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.