



Application for Employment

ISSPRO, Inc. is an Equal Opportunity Employer and a drug-free workplace.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

			Date
Last Name	First	MI	Social Security #
Street Address			Home Telephone () -
City, State, Zip Code			Work Telephone () -
Position Desired		Pay	Cellular Telephone () -
Desired			

Check yes or no for the following questions:

- Have you ever applied with ISSPRO Inc. before? Yes No

If yes, when _____

- Have you ever been employed by ISSPRO Inc. before? Yes No

If yes, Dates of Employment _____

- Do you have relatives/friends who are currently employed at ISSPRO, Inc.? Yes No

If yes, state Name(s) & Relation to you _____

- Are you Currently Employed? Yes No

If yes, may we contact your current employer? Yes No

- Are you legally eligible to work in the U.S.? Yes No
(Proof of Identity & Eligibility will be required upon employment)

- Are you available for full-time work? Yes No

If no, what hours are you able to work? _____

- Are you able to perform the essential functions of the job for which you are applying, with or without accommodation? Yes No

EMPLOYMENT HISTORY

Provide your FULL employment history for the last 10 years, starting with your current or most recent job.

If additional room is needed, please attach a separate sheet.

Employer	Dates Employed	
	Start	End
Address		
Supervisor's Name & Title	Telephone Number	
Job Title(s)		
Duties & Responsibilities		
Reason For Leaving	May we contact this employer?	

Employer	Dates Employed	
	Start	End
Address		
Supervisor's Name & Title	Telephone Number	
Job Title(s)		
Duties & Responsibilities		
Reason For Leaving	May we contact this employer?	

Employer	Dates Employed	
	Start	End
Address		
Supervisor's Name & Title	Telephone Number	
Job Title(s)		
Duties & Responsibilities		
Reason For Leaving	May we contact this employer?	

EDUCATION

	Name and Location	Course of Study	No. Of Years Completed	Diploma Degree
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Describe and specialized training, apprenticeship, skills and extra curricular activities that are relevant to the position for which you are applying.

Describe any job-related training received in the United States Military.



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VERIFICATION AND SIGNATURE:

I authorize the investigation of any matter(s), which the company deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request or receive such information and I release from all liability any persons (such as current or former supervisors, coworkers, ect.), employers, or other entities (schools, ect.) supplying it. I also release you from all liability, which might result from conducting such investigations.

I certify that all of the information given in the application and in any attachments, supporting documents or interviews are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions, as well as any misleading statements, generally will result in denial of employment or immediate termination, regardless of when and how discovered.

I understand that I may be required to submit to a pre- or post-employment physical or other professional examinations, medical inquires and/or oral salvia tests for the presence of drugs and/or alcohol. (Important: This means that with very few exceptions—for example, operations located in states where it may not be lawful—an employee will be required to submit to testing in several different circumstances.) *Ask to see copies of our applicant and employee alcohol and drug policies if you have any questions.* I agree to such examinations, inquires and/or testing at the Company's expense. I authorize release of the results to the Company for their use to evaluate my suitability for employment. I also release the Company from any liability arising out of, or connected with, any examinations, inquiry, and/or testing.

I understand that I may resign or be terminated, without cause or notice, at any time (At Employees Will), unless otherwise stated in a written employment contract. I also understand that the Chief Executive Officer is the only person who will ever have the authority to agree to any other terms and/or enter into such contracts and that both parties must also sign all such agreements for their terms of employment or contracts. I also understand that unless stated in a written employment contract, the Company may change, withdraw and interpret other policies (including wages, hours and working conditions), as it deems appropriate.

This application will only be considered active for Thirty (30) days.

I understand and agree that if I am hired the statements in the previous paragraphs will become a binding part of my employment relationship. I have read each of the statements. I have also reviewed all of the information provided in the application and in all attachments or supporting documents. Yes No

Signature _____ Date _____

Unsigned or incomplete applications will not be processed.

Applicant Tracking Information

How did you find out about the position?

- ISSPRO website
- Online Source _____
- Military Recruiter _____
- Employment office _____
- Job Fair _____
- Other _____
- Universities (please specify): _____
- Referral (please specify): _____

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or Partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring use of a wheelchair
- Intellectual disability (previous call mental Retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMS control number. This survey should take about 5 minutes to complete.

Applicant Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore requesting information about the race and gender of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Applicant Name: _____ Date: _____

Position Applied for: _____

- MALE FEMALE I CHOOSE NOT TO SELF-IDENTIFY
- WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino)
- HISPANIC OR LATINO ASIAN (not Hispanic or Latino)
- AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)
- NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)
- TWO or MORE RACES (not Hispanic or Latino)
- I CHOOSE NOT TO SELF-IDENTIFY

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 11985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN