



EMPLOYMENT APPLICATION

J & E Associates, Inc.

617 Rhode Island Avenue, NE, Suite H
Washington, DC 20002
TEL (202) 730-0101

J & E ASSOCIATES, INC.
APPLICATION FOR EMPLOYMENT
(INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED)

PLEASE PRINT OR TYPE

J & E Associates, Inc. is an equal opportunity employer and it is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, religion, sex, age, national origin, or other protected classification. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of these classifications.

PERSONAL INFORMATION

Today's Date	Position applying for			Home Telephone No. ()
Last Name	First Name	Middle Initial	Office Telephone No. ()	
Current Street Address	City	State	Zip	Cell No. ()
Permanent Street Address	City	State	ZIP	E-mail address
Are you authorized to work in the U.S. on an unrestricted basis?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Social Security Number _ _ _ - _ _ - _ _ _

When can you begin work?	Minimum Acceptable Salary			
Specify type of work desired	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Specify days and hours willing to work
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever had or do you possess a security clearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, list type(s) and date(s): _____				
Have you ever applied for a position or been employed before at J & E Associates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____				
How were you referred to J & E Associates? _____				

EDUCATION

Please furnish all education that you believe qualifies you for the position you are seeking.

NAME AND CITY/STATE OF SCHOOL	DATES ATTENDED	YEAR GRADUATED	MAJOR	DIPLOMA/DEGREE

LICENSURE

LICENSE/CERTIFICATION/REGISTRATION	ISSUING STATE	LICENSE NUMBER	DATE OF ORIGINAL	DATE OF MOST RECENT RENEWAL	EXPIRATION DATE

SKILLS

In addition to your work history, please list other experiences, skills, qualifications, or training that are applicable for the desired position. Please include office or technical skills.

EMPLOYMENT HISTORY

Please list last employment first. Be sure all your experience or employers related to this job are listed here.

Employer Name and Address: <hr/> <hr/>	Position Title/Duties <hr/> <hr/>	Dates Employed (mo/year) From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/>	
		Starting salary	Ending salary
Supervisor's Name Supervisor's Telephone No.	Supervisor's Fax No. Supervisor's Email address	Reason for leaving	
Employer Name and Address: <hr/> <hr/>	Position Title/Duties <hr/> <hr/>	Dates Employed (mo/year) From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/>	
		Starting salary	Ending salary
Supervisor's Name Supervisor's Telephone No.	Supervisor's Fax No. Supervisor's Email address	Reason for leaving	
Employer Name and Address: <hr/> <hr/>	Position Title/Duties <hr/> <hr/>	Dates Employed (mo/year) From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/>	
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Supervisor's Name Supervisor's Telephone No.	Supervisor's Fax No. Supervisor's Email address	Reason for leaving	

May we communicate with your employers? Past: Yes No Present: Yes No

MISCELLANEOUS

If the answer to any of the following questions is "yes," please give full details on a separate sheet.	Yes	No	N/A
A. Has your license to practice in any jurisdiction ever been limited, suspended, or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have your privileges ever been suspended, diminished, revoked, or not renewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been denied membership or renewal thereof or been subject to disciplinary action in any professional organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever been a defendant in any action arising out of your clinical practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you been convicted of a felony within the past five years? If so, state the offense and the findings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever been charged with crimes against children? If so, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you possess a current driver's license? Yes No

List the names of any of your friends or relatives employed at J & E Associates.

REFERENCES

List 3 BUSINESS (B) and 2 PERSONAL (P) references of people not related to you who have known you for 3 years.

Name (B) or (P)	Address	Company Name/Telephone No.	Years of Acquaintance

EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name	Relation	Telephone No.
Street Address	City, State	Zip

EMPLOYMENT LIMITATIONS

Can you perform the essential functions of the job with or without reasonable accommodation? Yes No

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. If I am employed with this company, I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents that was supplied with this application.

I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wage or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statements.

Signature: _____ Date: _____

AUTHORIZATION FOR RESUME REVIEW

J & E Associates, Inc.
617 Rhode Island Avenue, NE, Suite H
Washington, DC 20002
tel (202) 730-01010

As an applicant for a position with J & E Associates, Inc. to work on a government contract, I hereby authorize permission for review of my resume by U. S. Government Personnel or other government representatives.

Applicant: _____
(Print or type name)

Signature: _____

Date _____

AFFIRMATIVE ACTION INFORMATION FORM

Name: _____

Date of Interview: _____

Position Applied For: _____ Location: _____

We are an affirmative action government contractor. In compliance with government regulations we are required to record the number of applicants by age and sex.

We ask that you indicate your race or national origin, date of birth and sex. This information will not be kept with your application and will be used only in accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

- Male
- Female
- American Indian
- Asian
- Black
- Hispanic
- Non-minority
- Other (please specify) _____

Date of Birth: _____

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at this company. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

Any one of the following: (These establish both identity and employment authorization)

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by U.S. Citizenship & Immigration Service)
3. Certificate of Naturalization (issued by U.S. Citizenship & Immigration Service)
4. Unexpired foreign passport with unexpired endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization

Or one from List A and one from List B:

List A. These establish employment authorization:

1. Social Security Card (unless it specifies that it doesn't authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

List B. These establish identity:

1. Driver's License or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under 16 or in a state which does not issue an I.D. care (other than a driver's license)

**THIS VERIFICATION PROCESS IS A REQUIREMENT FOR ALL EMPLOYEES
HIRED ON OR AFTER NOVEMBER 6, 1986**

AUTHORIZATION TO RELEASE INFORMATION

Supervisor's Name: _____ Title: _____

Company Name: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

As an applicant for a position with J & E Associates, Inc., I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Printed Name: _____

(Print or type name)

Signature: _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

Supervisor's Name: _____ Title: _____

Company Name: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

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This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Printed Name: _____

(Print or type name)

Signature: _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

Supervisor's Name: _____ Title: _____

Company Name: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

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Printed Name: _____

(Print or type name)

Signature: _____ Date _____