



407 Industry Drive -Hampton. VA-23661-(757)251-6690-Fax(757)251-6658

Employment Application

An Equal Opportunity Employer and a Drug-Free Workplace

Persons needing accommodations in accordance with the Americans with Disabilities Act please notify the CDIS, Inc. Human Resource Department

Posting Number	Position Title	Today's Date

1. Print Name:

_____ Last _____ First _____ Middle

2. Current Address:

_____ Number & Street Name _____ Apartment Number

_____ City _____ County _____ State _____ Zip Code

3. Mailing Address:

(If different from above)

_____ Number & Street Name _____ Apartment Number

_____ City _____ County _____ State _____ Zip Code

4. Personal Phone:

_____ Area Code and Number

Business Phone:

_____ Area Code and Number

5. Previous Residence:

_____ Number & Street Name _____ Apartment Number

_____ City _____ County _____ State _____ Zip Code

7. E-mail Address:

_____ E-mail Address

8. Do you wish to claim Veteran's Preference? YES NO

If yes, to be considered for Veteran's Preference complete the attached Application for Veteran's Employment Preference. Provide a copy of your DD214, or other official document(s) from the Division of Veteran's Affairs, and proof of Virginia residency along with the completed application. (Please see Veterans' Employment Preference - General Information section for more information.)

All applications and/or resumes *must* be submitted to the Office of Employee Services or postmarked by the advertised closing date, *no exceptions*. Applications and/or resumes are accepted only for positions that are posted (open for recruitment).

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW

The Office of CDIS, Inc. Employee Services staff or other designated CDIS, Inc. employee authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for employment service, including, but not limited to, military service, education and employment history.

A false answer to any question(s), in this application may be grounds for non-selection, or for termination after you begin work. All statements are subject to investigation, including a check of your education, training and experience statements. All information you give will be considered in reviewing your application.

I hereby certify that all statements made in this application and attached resume if included, are true. I understand that any misstatement, misrepresentation material omission or falsification of facts shall cause forfeiture of all rights to employment service with CDIS, Inc. I understand that after a conditional offer of employment service, the following tests may be required as a condition of employment service with CDIS, Inc.; drug screen, medical evaluation, background check, driver's license records check, criminal history check and a physical demonstration of job-related skills.

If accepted for employment service I agree to abide by and comply with all rules, regulations, policies and procedures of CDIS, Inc. I understand that my employment with CDIS, Inc. is at-will, that I have the right to terminate my employment at any time with or without cause, and that CDIS, Inc. has the same right. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the policies and practices of CDIS, Inc..

Date Signed

Applicant's Signature - In Ink (Submittal of this application electronically is considered an electronic signature.)

7. Type of Employment Service Sought (check all that apply):

FULL TIME PART TIME HOURS AVAILABLE _____

If a job requirement, you will work: You will travel: Yes No

Saturday Sunday Holidays

Nights Various Shifts Other

Date available for work/service: _____

8. Education and Training (include seminars, workshop, conferences and On-the-Job training):
To receive credit for college course work or vocational training, it is necessary that you supply quarter/semester or class hours earned in addition to dates attended. You may be required to submit college transcripts or list of courses successfully completed.

School/Location/Sponsor	Course of Study	Degree or Certificate		Date Obtained
High School/GED		YES	NO	
Technical/Trade/Vocational School				
Community College				
College/University				
College/University				
Other				

9. Specific Skills (in the spaces below, list the equipment with which you have had experience or any special skills you might have):

Computer Software	Years	Months	Other Equipment (please describe)	Years	Months

10. List the construction vehicles/equipment you can operate (if applicable to the job for which you are applying). You must also include this information in the Work History section, page 3:

11. List active licenses, certificates or registrations, the registration number(s) and expiration date(s):

12. List any organization(s) to which you belong which you consider relevant to your ability to perform the job:

YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION. List your most recent employer first. If currently unemployed, leave present employer section of this application blank. **Include any unpaid work experience as well as military service.** If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. If desired, include a resume or additional pages, which will help, clarify your work experience. If a resume is attached, be sure that month/year for each employment is reflected on the resume and coincides with the Work History section of this application. If additional space is needed put the information in Item 29, page 6.

13. Present Employer: _____
 Business Name

Business Address: _____
 City, State & Zip Code

Phone No: _____ Number You Supervised: _____

Your Job Title: _____

From: _____
 Month, Day & Year

To: _____
 Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/_____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 29, page 6.

14. Past Employer: _____
 Business Name

Business Address: _____
 City, State & Zip Code

Phone No. _____ Number You Supervised: _____

Your Job Title: _____

From: _____
 Month, Day & Year

To: _____
 Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/_____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 29, page 6.

15. Past Employer: _____
 Business Name

Business Address: _____
 City, State & Zip Code

Phone No. _____ Number You Supervised: _____

Your Job Title: _____

From: _____
 Month, Day & Year

To: _____
 Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/_____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 29, page 6.

16. Past Employer:

Business Name _____

Business Address: _____
City, State & Zip Code

Phone No: _____ Number You Supervised: _____

Your Job Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 29, page 6.

From: _____ Month, Day & Year
To: _____ Month, Day & Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of hours worked per week: _____
Last Salary: _____ Per/_____

17. Past Employer:

Business Name _____

Business Address: _____
City, State & Zip Code

Phone No: _____ Number You Supervised: _____

Your Job Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 29, page 6.

From: _____ Month, Day & Year
To: _____ Month, Day & Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of hours worked per week: _____
Last Salary: _____ Per/_____

18. Past Employer:

Business Name _____

Business Address: _____
City, State & Zip Code

Phone No: _____ Number You Supervised: _____

Your Job Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 29, page 6.

From: _____ Month, Day & Year
To: _____ Month, Day & Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of hours worked per week: _____
Last Salary: _____ Per/_____

MISCELLANEOUS		
Answer the following questions by circling "Yes" or "No." It is imperative that you provide detailed information when requested, e.g., dates, types, etc., in Item 29, page 6.		
19.	Are you able to perform the essential functions of the position with or without reasonable accommodations? If no, explain in Item 29, page 6.	Yes No
20.	Have you received any citations for moving violations during the last five (5) years? If yes, explain in Item 29, page 6.	Yes No
21.	Have you ever been convicted, plead guilty or no contest (Nolo Contender) to any criminal violation of law, including criminal traffic offences? (A conviction does not automatically mean you cannot be hired. Provide all the facts.) If yes, explain in Item 29, page 6.	Yes No
22.	Have you ever been discharged for any reason from any job? If yes, explain in Item 29, page 6.	Yes No
23.	Have you ever been employed by CDIS, Inc.? If yes, indicate in Item 29, page 6 date(s) of employment. Department(s)/Division(s), position(s) and reason for leaving.	Yes No
24.	Are any members of your family or relatives (by blood or marriage) employed by CDIS, Inc.? If yes, indicate in Item 29, page 6 their name(s), Department(s)/Division(s), and relationship.	Yes No
25.	Do you possess a current, VALID* Virginia driver license? If yes, complete question 26. If no, explain in Item 29, page 6. (*VALID: Issued license has not expired nor has been revoked or suspended within the past five (5) years.) (Suspensions for non-moving violations will be considered on a case-by-case basis.)	Yes No
26.	Indicate which driver license you possess, by checking the appropriate box: <input type="checkbox"/> E (Regular Operator License) Commercial Driver License (CDL) type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
NOTE: If you are hired by CDIS, Inc. and the position for which you are hired requires the operation of a CDIS, Inc. vehicle or equipment or if you drive any CDIS, Inc. vehicles or equipment, you must have and maintain a VALID Virginia Driver License that meets CDIS, Inc.'s requirements of a good driving record and that which is required by the position. Your driving record will be checked with the Virginia Department of Motor Vehicles.		

28. Please indicate where you first learned of this opening:
<input type="checkbox"/> CDIS, Inc. website: www.cdiscorp.com
<input type="checkbox"/> The job book in the Office of Employee Services
<input type="checkbox"/> Craigslist classifieds/internet website (Career Builder)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Friend
<input type="checkbox"/> CDIS, Inc. Employee

