



The Bionetics Corporation
 101 Production Dr., Suite 100
 Yorktown, VA 23693
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 www.bionetics.com

Application for Employment

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

Position(s) Applied For:	Date of Application
How Did You Learn About Us?	
Advertisement	Relative
Employment Agency	Friend
	Inquiry Other

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

Best time to contact you at home is:		
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before? If Yes, give date:	Yes	No
Have you ever been employed with us before? If Yes, give date:	Yes	No
Do any of your friends or relatives, other than spouse, work here?	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status	Yes	No
<i>Proof of citizenship or immigration status will be required upon employment.</i>		
Date available for work:		What is your desired salary range?
Are you available to work:		(please indicate 1st, 2nd, or 3rd shift)
		(please indicate Mornings, Afternoons, Evenings)
	(please indicate dates available)	From: To:
Are you currently on "lay-off" status and subject to recall?	Yes	No
Can you travel if a job requires it?	Yes	No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Ending	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Ending	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Ending	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Ending	
	Job Title	Supervisor		
	Reason for Leaving			

List professional, trade, business or civic activities and offices held

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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Specialized Skills

(Check Skills/Equipment Operated)

<input type="checkbox"/>	Terminal	<input type="checkbox"/>	Spreadsheet	<input type="checkbox"/>	Machinery (list)
<input type="checkbox"/>	PC/MAC	<input type="checkbox"/>	Word Processing	<input type="checkbox"/>	
<input type="checkbox"/>	Typewriter	<input type="checkbox"/>	Production/Mobile	<input type="checkbox"/>	
<input type="checkbox"/>	WPM			<input type="checkbox"/>	Other (list)
<input type="checkbox"/>	Shorthand			<input type="checkbox"/>	
<input type="checkbox"/>	WPM			<input type="checkbox"/>	

State any additional information you feel may be helpful to us in considering your application.

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Note To Applicants: **Do Not** Answer These Questions Unless You Have Been Informed About The Requirements Of The Job For Which You Are Applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

A review of the activities involved in such a job or occupation has been given.

References

1.	Name:	Phone#:
	Address:	
2.	Name:	Phone#:
	Address:	
3.	Name:	Phone#:
	Address:	
4.	Name:	Phone#:
	Address:	

Applicant's Statement

I certify that answers given herein are true and complete.

I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview?	Yes	No	Interviewer:		Date:			
Remarks								
Employed?	Yes	No	Date of Employment:					
Job Title:			Salary:		Hourly Rate:		Department:	
By								
Name and Title							Date	

Affirmative Action Data Record

Employees are treated during the hiring process and employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with the government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. *Please note: Your Cooperation Is Voluntary. Inclusion Or Exclusion Of Any Data Will Not Affect Any Employment Decision*

Last Name		First Name		Middle Name	
Address		City		State	Zip Code
Telephone Number(s)				Social Security Number	

Referral Source

<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Private Employment Agency	<input type="checkbox"/>	Relative
<input type="checkbox"/>	Friend	<input type="checkbox"/>	Inquiry	<input type="checkbox"/>	Government Employment Agency	<input type="checkbox"/>	Other

Current Job:						
Gender:			Ethnic Origin:			
Check if Applicable:	<input type="checkbox"/>	Veteran	<input type="checkbox"/>	Disabled Veteran	<input type="checkbox"/>	Disabled Individual

--- Office Use Only ---						
Position(s) Applied For Is Open:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date:	
Position(s) Considered For:						
Hired - Position:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Start Date:	

Employment Analysis Register

Gender:	
Race:	
Disability:	
Other:	
Referral Source:	
EEO1 Category:	
Disposition:	

Signature of Applicant

Date

For Personnel Department Use Only

Position(s) Applied For Is Open: Yes No Date:

Position(s) Considered For:

Name: _____ Position: _____ Date: _____