



NAME:			
LAST	FIRST	FULL MIDDLE	
PRESENT ADDRESS:			
STREET	CITY	STATE	ZIP CODE
PERM ADDRESS:			
STREET	CITY	STATE	ZIP CODE
PHONE NUMBER:		E-MAIL ADDRESS:	
ARE YOU RELATED TO ANYONE IN THE COMPANY <u> N </u>		REFERRED BY:	
NAME OF EMPLOYEE: _____			

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED?	MAY WE CONTACT YOUR PRESENT EMPLOYER?	
EVER APPLIED WITH KMS?	WHERE?	WHEN?

EDUCATION

	SCHOOL NAME/ CITY/STATE	NUMBER OF YEARS ATTENDED	GRADUATED		DEGREE/ DIPLOMA OBTAINED	SUBJECTS STUDIED
HIGH SCHOOL			Did you graduate?			
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
COLLEGE						
GRADUATE SCHOOL						
OTHER						



GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH:		
LANGUAGES SPOKEN:	WRITTEN:	READ:
U.S. MILITARY SERVICE:		GUARD OR RESERVE DUTY:
FROM:	TO:	RANK:

SPECIAL QUESTIONS

ARE YOU ELIGIBLE TO WORK IN THE U.S.? YES NO

CERTAIN POSITIONS MAY REQUIRE SECURITY CLEARANCES. HAVE YOU EVER BEEN GRANTED A SECURITY CLEARANCE BY AN AGENCY?

YES NO IF YES, DATE:

AGENCY:	LEVEL OF CLEARANCE:
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MILITARY OCCUPATIONAL OR SPECIAL SKILLS:

FORMER EMPLOYERS

LIST LAST FOUR EMPLOYERS (MOST RECENT FIRST) - THIS SECTION MUST BE COMPLETED:

MONTH & YEAR	NAME/ADDRESS OF EMPLOYER	SALARY (Optional)	POSITION	REASON FOR LEAVING
FR:	_____	Starting:		
TO:	_____	Ending:		
	SUPERVISOR: _____			
	PHONE #: _____			
FR:	_____	Starting:		
TO:	_____	Ending:		
	SUPERVISOR: _____			
	PHONE #: _____			
FR:	_____	Starting:		
TO:	_____	Ending:		
	SUPERVISOR: _____			
	PHONE #: _____			
FR:	_____	Starting:		
TO:	_____	Ending:		
	SUPERVISOR: _____			
	PHONE #: _____			



BUSINESS REFERENCES

PROVIDE THE NAMES OF THREE PERSONS THAT YOU HAVE KNOWN FOR AT LEAST TWO YEARS (SHOULD BE SUPERVISORS OR CO-WORKERS):

NAME	ADDRESS	PHONE #	BUSINESS	YEARS KNOWN

Additional Questions:

1. Are you available to work: Full-Time Part-Time
2. Can you travel if a job requires it?
3. Have you been convicted of a felony or serious criminal offense? (Conviction will not necessarily disqualify an applicant from employment.) If yes, please provide date, place and nature of the crime:

I authorize investigation of all statements contained in this application and understand that misrepresentation or omission of facts called for is cause for dismissal. 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 an Employee at any time with or without cause. Further, I understand and agree that if employed, the employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

In the event of employment, I understand that false or misleading information given in my application, resume 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

Date



AFFIRMATIVE ACTION DATA FORM

The federal government under Executive Order 11246 requires the company to report sex and race/ethnic origin of applicants for employment. Submission of information is voluntary, and failure to provide it will not subject you to any adverse treatment. Your cooperation is appreciated.

Name: _____
Last First M.I.

Date of Application: ____/____/____ **Position(s) Applied For:** _____

Indicate Gender:

- Male
- Female
- I chose not to disclose

Indicate Ethnic group:

- Hispanic or Latino
- Not Hispanic or Latino
- I chose not to disclose

Indicate your Race:

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaskan Native (Not Hispanic or Latino)
- Two or more Races (Not Hispanic or Latino)
- I chose not to disclose

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA) which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) disabled veterans;
- (2) recently separated veterans;
- (3) active duty wartime or campaign badge veterans; and
- (4) Armed Forces service medal veterans

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Your Form DD-214 may help you make this determination. 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. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with VEVRAA.

- I identify as one or more of the classifications of protected veterans listed above
- I am not a protected veteran
- I decline to disclose my protected veteran status

If you are disabled veteran, please let us know if there are any reasonable accommodations, we could make that would enable you to be considered for a job opening or perform the essential functions of the position you hold. We consider requests for accommodation on a case-by-case basis.

KMS Solutions, LLC is an equal opportunity corporation and does not discriminate on the basis of race, color, sex, national origin, religion, age, disability or veteran status in admission or access to, or treatment or employment in, its programs and activities. Individuals who may have inquiries regarding the corporation's policy and procedures should contact Kaleina Needham, Director of Human Resources at (703) 504-9815.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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 OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____