

QUALIFICATIONS FOR THE POSITION APPLIED FOR.

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EMPLOYMENT APPLICATION

(fill-in version)

INSTRUCTIONS: ALL APPLICATIONS FOR EMPLOYMENT MUST BE SUBMITTED USING THIS APPLICATION FORM. YOUR APPLICATION MUST BE COMPLETED, DATED AND SIGNED, AND RETURNED TO THE HUMAN RESOURCES OFFICE.

YOUR APPLICATION MUST BE COMPLETED IN SUFFICIENT DETAIL TO ALLOW COMPREHENSIVE REVIEW AND EVALUATION OF YOUR

Position you are applying for: **Department: Salary Requirement:** Date Available? Name: Last First Middle **Mailing Address:** Street City State Zip Work Phone Home Phone Cell Phone **Email Address:** May we contact you at your work phone number? YES NO \square YES NO Are you a citizen of the United States or, if not, are you legally authorized to work in the United States? If offered employment, you will be required to submit identification in accordance with INS rules and regulations. As an adult have you ever been convicted of a misdemeanor or felony (including arrests that resulted in diversion)? If yes, please state below the nature, date, and jurisdiction of each conviction, or diversion. (The incidents will be evaluated for each position and are not necessarily disqualifying.) Please indicate (X) which of the following types of work you are willing to accept: Regular full-time Regular part-time **Temporary** Irregular (No guaranteed hours)

Seasonal

1.				
	NAME		PHONE	YEARS KNOWN
2.				
	NAME		PHONE	YEARS KNOWN
3.				
	NAME		PHONE	YEARS KNOWN
	HATHIA	NT IS AN EQUAL OPPORTU	NITY EMPLOYER	
	hiant does not discriminate on the basis o itical affiliation, physical or mental disabi			
Por	arear armanen, physical or memar assuct		•	
		EDUCATION AND TRAIN	<u>/I/NG:</u>	
<u>Plea</u>	se list all colleges, universities, military, trade, bus	iness or other schools attended.		
	NAME AND LOCATION OF SCHOOL	MAJOR OR TYPE OF TRAINING	NUMBER OF YEARS COMPLETED	DEGREE OR CERTIFICATE OBTAINED
			COMILETED	OBTAINED
	<u>DITIONAL INFORMATION:</u> t professional, trade, business or civic asso	ociations and any offices held. EV	CLUDE MEMBEDSHIDS T	THAT WOULD DEVEAL DACE
COl	LOR, RELIGION, SEX, NATIONAL ORIGIN, CIT	IZENSHIP, AGE, MENTAL OR PHYSIC	CAL DISABILITIES, OR AN	NY OTHER SIMILARLY PROTECTED
STATUS. ORGANIZATION			OFFICE HELD	
	t special accomplishments such as: public			
SEX	K, NATIONAL ORIGIN, CITIZENSHIP, AGE, ME	NTAL OR PHYSICAL DISABILITIES, C	OR ANY OTHER SIMILAR	LY PROTECTED STATUS.
Pro	vide additional information you would lik	te us to consider.		

EXPERIENCE:

Beginning with your present or most recent job, list in chronological order, your complete work experience including paid and volunteer positions, military and intern experience. Attach separate sheets if necessary. The information provided must be complete and accurate. Explain any gaps in employment in Comments section on the next page.

Name and Address of Employer:		Supervisor's Name, Title, Phone Number:				
		Name:				
		Title:				
		Phone #:				
		May We Contact?				
YOUR POSITION TITLE:						
	YOUR DUTIES AND RESPONSIBILITIE	S:				
From:						
То:						
Monthly Salary:						
□ VOLUNITEED						
□ VOLUNTEER	REASON FOR LEAVING:					
Total Years / Mos:	REASON FOR LEAVING.					
Name and Address of Employer:		Supervisor's Name, Title, Phone Number:				
		Name:				
		Title:				
		Phone #:				
		May We Contact? Yes				
YOUR POSITION TITLE:						
	YOUR DUTIES AND RESPONSIBILITIE	S:				
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Monthly Salary:						
□ VOLUNTEER						
	REASON FOR LEAVING:					
Total Years / Mos:	READON FOR ELETVING.					
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		Title:				
		Phone #:				
		May We Contact? Yes				
YOUR POSITION TITLE:						
	YOUR DUTIES AND RESPONSIBILITIE	S:				
From:						
То:						
Monthly Salary:						
□ VOLUNTEER REASON FOR LEAVING:						
Total Years / Mos:	REASON FOR LEAVING.					

Comments including explanation of any gaps in employment
SKILLS/ABILITIES: List any skills/abilities you have that are pertinent to the position for which you are applying.
<u>CERTIFICATION, AUTHORIZATION AND RELEASE:</u> I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that any information that is found to be false, inaccurate, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service when it is discovered.
I understand that consideration for employment in this position is contingent upon the results of a reference and background check. I authorize Hathiant to investigate all statements made on my application for employment and to discuss the results of its investigations with those responsible for hiring. I further authorize Hathiant to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by providing information to Hathiant.
I understand that Hathiant does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
I understand that this application remains current for only 180 days. At the conclusion of that time, if I have not heard from Hathiant and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Hathiant reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Hathiant is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an authorized signatory of Hathiant.
I acknowledge and agree that employment in the position for which I have applied may be contingent upon being able to obtain and maintain a government security clearance.
Signature Date