



SYSTEMS RESOURCE MANAGEMENT, INC.

42 Valley Road, Second Floor
Middletown, RI 02842

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religious creed, sex, national origin, ancestry, age, marital status, sexual orientation, or present or past history of physical or mental disability. We are required to take affirmative action to employ and advance in employment qualified women, minorities, and disabled individuals, including veterans and veterans of the Vietnam Era.

All applications/resumes are maintained in our active file by qualification. Should we require personnel with your background, we will review those applications/resumes before further external search. You should also be aware that SRM's policy is to promote from within whenever possible. We thank you for applying at our company. Should your qualifications match our employment needs, we will contact you.

Please read the entire form before you begin filling it out. For consideration, answer all items completely and accurately; do not reference your resume. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. If you require accommodation in order to complete the application process as a result of a disability, please let us know what accommodations you require.

POSITION INFORMATION

Today's Date:	Date Available:	Salary Requirement:
Position(s) Applying for:	Job #	Referred by:
Are you able to perform the essential functions of the position(s) for which you are applying with or without reasonable accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you require any special assistance or accommodation in order to do so, describe what assistance or accommodations you believe would be necessary.		

PERSONAL INFORMATION

Name (Last, First, Middle)		
Are you under 18? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, can you provide certification to work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Current Address:	Street	City, State, Zip Code
Home Phone: () - Business Phone: () -		
Is your citizenship or immigration status such that you can lawfully work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Consideration for employment will be dependent upon proof of citizenship or presentation of alien registration number in accordance with the <i>Immigration Reform and Control Act of 1986</i> .		
NOTE: Employment is conditional upon providing proof of eligibility within 3 days of employment.		

EDUCATION AND TRAINING

Institution	Institution Name and Complete Address	Major/Field of Specialization	Degrees/Certificates/GPA	Did You Graduate?
High/Prep School		NOT APPLICABLE		Yes <input type="checkbox"/> No <input type="checkbox"/>
College(s) or University(ies)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate School				Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade or Technical Training				Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe any other education, training, special skills, including use of office machines and computer hardware/software, or certificates/licenses that you possess related to the position for which you are applying or the type of work you are seeking.

List any publications, inventions, professional awards, or any other relevant professional accomplishments.

MILITARY HISTORY (complete only if applicable)

Have you served in the Armed Forces of the United States? Yes No If yes, complete information below.

Branch of Service: Rank at Discharge: Type of Discharge: Field of Specialization:

Brief Description of Job Duties and Special Training:

Check if you are a current member of: National Guard Ready Reserve Standby Reserve

SECURITY

Some positions may require an applicant to obtain a security clearance to work on government contracts. For this reason, employees are subject to a thorough background investigation. If the position for which you are applying requires or may require a security clearance, your response to the following questions will assist us in considering your application.

Have you ever held a security clearance? Yes No

If yes, Level and Present Status of Most Recent Clearance:

Date Granted: Name of Company where Clearance was Issued:

Have you ever been denied a security clearance for access to classified information, or has your employment ever been terminated for failure to obtain such clearance? Yes No

If Yes, Provide Details:

**VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY AND
AFFIRMATIVE ACTION PLAN SURVEY FORM**
U.S. Department of Labor Regulations at 41 CFR Parts 60-1 through 60-50
(Note for HR Rep: Remove and retain in your Affirmative Action File)

BACKGROUND INFORMATION

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religious creed, sex, sexual preferences, national origin, ancestry, age, marital or veteran status, medical condition, or present or past history of physical or mental disability. As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting, and other legal requirements, you are invited to volunteer the information requested below.

Please be advised that this data is for periodic government reporting and will not be part of your official application for employment. This survey will be kept in a **confidential file** separate from the application for employment. Failure to provide this information will not jeopardize or adversely affect any consideration of your application or future advancement in employment if you become employed. We appreciate your cooperation.

Date:	Position Applied For:
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Referral Source: Advertisement Employee Mail In/Walk-In Agency Job Service Other
 If Other, please specify:

Name (Last, First, Middle)	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Address:	Street	City, State, Zip Code	Phone
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Choose one race/ethnic group:

White African-American/Black Hispanic/Latino American Indian/Alaskan Native
 Asian Pacific Islander

DISABLED VETERAN CLASSIFICATION(S):

Please check if any of the following are applicable:

Disabled Individual Vietnam Era Veteran Special Disabled Veteran (30% or more)

SPECIAL EMPLOYMENT NOTICE FOR DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES

Government contractors are subject to Section 402 of *the Vietnam Era Veterans' Readjustment Act of 1974* which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era; and Section 503 of *the Rehabilitation Act of 1973*, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals. I understand and agree that nothing contained in this application shall be deemed to be an employment contract between SRM and myself either for employment or for the providing of any benefit. I further understand and agree that the granting of an interview shall likewise not create such a contract. No promises regarding employment or inducements to take employment have been made or offered to me, and I understand and agree that no such promises are binding upon SRM unless made in writing by the company's authorized representative. If an employment relationship is hereafter established, I understand and agree that I have the right to terminate my employment at any time for any reason and that SRM reserves a similar right.

Regulations issued by the U.S. Department of Labor with respect to individuals, disabled veterans, and Vietnam Era Veterans require that Federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary, confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment. Additionally, the purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner.

Applicant's Signature: _____ Date: _____

EMPLOYMENT HISTORY

List employment history (starting with most recent). Additional space is provided at the end of this application.

Present/Most Recent Employer:

Immediate Supervisor's Name and Title:

Telephone Number:
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Job Title/Position/Brief Description of Duties:

Address:

Nature of Business:

Start Date:
(Mo/Yr)End Date:
(Mo/Yr)

Reason for Leaving:

Salary: Hourly Weekly Annual Starting: \$ _____ Ending: \$ _____

Previous Employer:

Immediate Supervisor's Name and Title:

Telephone Number:
()

Job Title/Position/Brief Description of Duties:

Address:

Nature of Business:

Start Date:
(Mo/Yr)End Date:
(Mo/Yr)

Reason for Leaving:

Salary: Hourly Weekly Annual Starting: \$ _____ Ending: \$ _____

Previous Employer:

Immediate Supervisor's Name and Title:

Telephone Number:
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Job Title/Position/Brief Description of Duties:

Address:

Nature of Business:

Start Date:
(Mo/Yr)End Date:
(Mo/Yr)

Reason for Leaving:

Salary: Hourly Weekly Annual Starting: \$ _____ Ending: \$ _____

ADDITIONAL INFORMATION

Please list any additional information which YOU feel pertains to your application at SRM such as skills and abilities, future educational plans, or professional, business, or civic organizations in which you participate. Please do not list any organizations or activities which would identify your race, color, national origin, religion, or similar information.

APPLICANT'S CERTIFICATION

I certify that the information I have provided in this employment application is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false or misleading information provided or any relevant information omitted – no matter when discovered – shall result in the termination of my employment. I authorize and instruct your authorized company representatives to make whatever inquiries they deem necessary of any person or organization that is not a consumer-reporting agency to verify any information I have provided in this application and to determine my qualifications and abilities. In exchange for the company's agreement to receive, process, and consider my application for employment, I hereby release the company and any and all persons or organizations contracted by the company from any and all claims or causes of action out of the company's verification of the information I have provided in this application and/or its determination of my qualifications and abilities.

I understand and agree that nothing contained in this application shall be deemed to be an employment contract between SRM and myself, either for employment or for the providing of any benefit. I further understand and agree that the granting of an interview shall likewise not create such a contract. No promises regarding employment or inducements to take employment have been made or offered to me, and I understand and agree that no such promises are binding upon SRM unless made in writing by the company's authorized representative. If an employment relationship is hereafter established, I understand and agree that I have the right to terminate my employment at any time for any reason and that SRM reserves a similar right.

I understand that should I be employed by the company, I may be required to sign a document which covers the protection of the company information including intellectual property, ownership of patents, copying, and disclosure of other concurrent employment activities. Additionally, as a drug-free workplace, the company reserves the right to require me, as a prospective employee, to participate in drug or alcohol usage tests, and failure to participate or pass such tests may result in an employment offer being rescinded.

Applicant's Signature: _____ Date: _____

Notice: This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment after that time period should inquire as to whether or not applications are then being accepted.