



***Research and Development Solutions, Inc.***

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*Corporate Office, 7921 Jones Branch Drive, Suite 275, McLean, Virginia 22102-3333  
Phone (703) 893-9533 Fax (703) 893-9567*

**Application  
for  
Employment**



## Application for Employment

In compliance with Federal and State Equal employment opportunity laws, we consider qualified 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.

Applications made to RDSI are reviewed with the needs of the total corporation in mind. You need not apply at several locations because we automatically forward resumes across business sectors and search all data bases as required. All resumes are maintained on file by qualifications for at least one year. Should we require personnel with your background during that time frame, we review those resumes before further external search. You should also be aware that our policy is to promote from within whenever possible. We thank you for applying at RDSI. Should your qualifications match our employment needs, we will be in touch.

PLEASE READ THE ENTIRE FORM BEFORE YOU BEGIN FILLING IT OUT. ANSWERS SHOULD BE TYPED, PRINTED OR CAREFULLY WRITTEN IN INK SO THAT THEY ARE READABLE.

Date of Application: (mm/dd/yyyy)	Position(s) Applied for:
Minimum Annual Salary Required:	How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____

Last Name:	First Name:	Middle Name:	Citizen of U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number: (XXX-XX-XXXX)
Street Address:		City:	State:	Zip Code:
Email:	Home Phone:	Mobile Phone:	Best time to contact you is:	

Date Available: (mm/dd/yyyy)	Interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Are you under 18 years of age? <input type="checkbox"/> Yes (Required proof of the eligibility to work) <input type="checkbox"/> No
Have you ever filed an application or been employed with us before? <input type="checkbox"/> Yes, filed before <input type="checkbox"/> Yes, employed before <input type="checkbox"/> No		Do any of your friends/relatives/other than spouse, work with us? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your current employment status is? <input type="checkbox"/> current employed <input type="checkbox"/> Not employed but on "lay-off/recall" status <input type="checkbox"/> Not employed		Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No		



## Education

High School Attended:		Date Graduated:	
Street Address:	City:	State:	Zip Code:
U.S. Military Service School (Name):		Course:	
Location:	From (Mo/Yr):	To (Mo/Yr):	
Apprentice, Business Technical Schools (Name):		Course:	
Location:	From (Mo/Yr):	To (Mo/Yr):	
Name of College or University Attended:		Diploma Degree:	Years Completed
Major of Study/Field of Specialization:	From (Mo/Yr):	To (Mo/Yr):	
Name of College or University Attended:		Diploma Degree:	Years Completed
Major of Study/Field of Specialization:	From (Mo/Yr):	To (Mo/Yr):	
Name of College or University Attended:		Diploma Degree:	Years Completed
Major of Study/Field of Specialization:	From (Mo/Yr):	To (Mo/Yr):	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			



## Experience

Beginning with the most recent, list all employment, including part-time and self-employment, for the past 10 years. Also list significant experience more than 10 years ago. Report all activities for last 10 years, including periods of unemployment, military service, schools, etc. Use separate sheet(s) if necessary.

Present or Last Employer or Activity:		Address: (Street/City/State/Zip)		Reason for leaving:
Date Employed: From (Mo/Yr): _____ To (Mo/Yr): _____	Job Title(s): Starting: _____ Current/Last: _____	Current/Last Annual Pay:	May we contact your employer? <input type="checkbox"/> Yes. Supervisor Name: _____	
Description of Duties and Achievement:			Mr./Ms. _____ Title: _____ Phone: _____ <input type="checkbox"/> No	
Previous Employer or Activity:		Address: (Street/City/State/Zip)		Reason for leaving:
Date Employed: From (Mo/Yr): _____ To (Mo/Yr): _____	Job Title(s): Starting: _____ Current/Last: _____	Current/Last Annual Pay:	May we contact your employer? <input type="checkbox"/> Yes. Supervisor Name: _____	
Description of Duties and Achievement:			Mr./Ms. _____ Title: _____ Phone: _____ <input type="checkbox"/> No	
Previous Employer or Activity:		Address: (Street/City/State/Zip)		Reason for leaving:
Date Employed: From (Mo/Yr): _____ To (Mo/Yr): _____	Job Title(s): Starting: _____ Current/Last: _____	Current/Last Annual Pay:	May we contact your employer? <input type="checkbox"/> Yes. Supervisor Name: _____	
Description of Duties and Achievement:			Mr./Ms. _____ Title: _____ Phone: _____ <input type="checkbox"/> No	
Previous Employer or Activity:		Address: (Street/City/State/Zip)		Reason for leaving:
Date Employed: From (Mo/Yr): _____ To (Mo/Yr): _____	Job Title(s): Starting: _____ Current/Last: _____	Current/Last Annual Pay:	May we contact your employer? <input type="checkbox"/> Yes. Supervisor Name: _____	
Description of Duties and Achievement:			Mr./Ms. _____ Title: _____ Phone: _____ <input type="checkbox"/> No	



## Additional information

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

**Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience.

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

Note to Applicant: DO NOT ANSWER THIS QUESTION 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.

Yes  No

## U.S. Military Service

Check box if you are a member of: <input type="checkbox"/> National Guard <input type="checkbox"/> Ready Reserve <input type="checkbox"/> Standby Reserve	Branch of Service:	Rank:	Unit:	
Past Branch of Service:	Period: From (Mo/Yr): _____ To (Mo/Yr): _____	Separation: <input type="checkbox"/> Discharge <input type="checkbox"/> Retired	Type of Discharge / Disability:	Highest Rank:

## Security

Have you been granted clearance within the last 12 months?

Yes. Level: \_\_\_\_\_ Granting Agency: \_\_\_\_\_ Company Where Cleared: \_\_\_\_\_  
 No

Have you ever been denied security clearance for access to classified security information or has your employment ever been terminated for failure to obtain such clearance?

Yes  No



**References** (Other than relatives and former employers)

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name:	First Name:	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:
Street Address:		City:	State:	Zip Code: Telephone No:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name:	First Name:	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:
Street Address:		City:	State:	Zip Code: Telephone No:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name:	First Name:	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:
Street Address:		City:	State:	Zip Code: Telephone No:

**Applicant's Acknowledgement and Statement**

I understand that RDSI observes government regulations to maintain a drug free work place. I agree that RDSI reserves the right to require prospective and active employees to participate in drug or alcohol usage tests. Failure to participate in or pass such test may result in refusal to hire and/or termination of employment.

I understand that any offer of employment is contingent upon my ability to comply with the Immigration and Naturalization Service (INS) regulations establishing my identity and right to work in the United State. Document that may be requested: birth certificate, social security card, discharge certificate or separation papers (DD214) if I served in the armed forces, U.S. passport, and a state issued driver's license with photograph.

I understand that should I be employed by RDSI, I will be required to sign an Employee Acknowledgement and confidentiality agreement which cover but are not limited to: the protection of company information, classified data, ownership of patents, copyrights, and disclosure of other concurrent employment activities.

I certify that the statements and information made by me herein pursuant to my becoming an employee of RDSI are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 that I am required to abide by all policies and procedures of RDSI, as well as to comply with all federal, state, and local rules and regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date