



# NDIA | NTSA | WID | ETI

## APPLICATION FOR EMPLOYMENT

**NDIA/NTSA/WID/ETI**, a non-profit association, is an Equal Opportunity Employer. We are dedicated to hiring the individual who is best suited for the job. We will not discriminate against any employee or job applicant because of race, color, religion, national origin, sex, physical or mental disability, or age.

In order to protect your PII (Personal Identifying Information), any personal information found on this application or any supporting documentation will be removed as soon as it is discovered.

Date	Position Applied For	Available Start Date
Referred By		

### APPLICATION FOR EMPLOYMENT

#### Pre-Employment Questionnaire

Name Last	First	MI	Address		
City	State	Zip	Cell Phone	Home Phone	
Email			Are you legally able to work in the United States? NOTE: Proof will be required upon hire.		Yes No

### EDUCATION/CERTIFICATIONS

Please list all education, including any professional certifications.

	School Name/Location	Years Attended	Degrees/Certificates
College/University			
Post-Graduate School			
Specialized Training, Trade School, etc.			
Certifications			

## PREVIOUS WORK EXPERIENCE

List below your last four employers, starting with the most recent. **Stating “see resume” is not sufficient.**

Please complete the fields below.

Employer Name		Date Hired	to
Supervisor Name	Email	Position Held	
Current Responsibilities/Duties:			
Reason for Leaving	May we contact this employer? If no, why?      Yes      No		

Employer Name		Date Hired	to
Supervisor Name	Email	Position Held	
Current Responsibilities/Duties:			
Reason for Leaving	May we contact this employer? If no, why?      Yes      No		

Employer Name		Date Hired	to
Supervisor Name	Email	Position Held	
Current Responsibilities/Duties:			
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Employer Name		Date Hired	to
Supervisor Name	Email	Position Held	
Current Responsibilities/Duties:			
Reason for Leaving	May we contact this employer? If no, why?      Yes      No		

## APPLICATION CERTIFICATION

I certify all information given on this application and any supporting information is true and complete, and I authorize a complete investigation. I agree that, if hired, I may be discharged if the Association, at any time, learns of falsification or material omission in the information I have provided and, if discovered prior to hire, I would be ineligible for consideration for not only this position but future positions as well. I authorize the Association to contact all employer references listed for contact and all educational institutions and their release of all information requested which they may have about me. I hereby release the Association and all references from any liability which might be claimed because of information provided by such references.

I agree that, if hired, I will follow all Association policies, rules, procedures, and all other directions. I understand that I may terminate my employment at any time and for any reason without prior notice. I agree that, if I am hired, I will be employed at the will of the Association and my employment can be terminated at any time, with or without notice.

I further understand that, if I am selected as a finalist for the position within the Association, I may be subject to an investigation of criminal convictions. NOTE: You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances, such as the nature of the crime, recency of conviction, type work, etc.

I understand the Association reserves the right to add to, change, and/or delete their policies, procedures, work rules, and benefits at any time, and that no one in the Association has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by the President or Executive Vice President of NDIA.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

**NOTE: NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT THAT DOES NOT SIGN THE ABOVE STATEMENT.**