

Executive Technologies Corporation

8731 Northpark Blvd, Suite B • Charleston, SC • 29406 • (843) 824-5906 • Fax (843) 824-5908
PO Box 968 • Goose Creek, SC • 29445

1. APPLYING FOR:

Job Title: _____

Location: _____

2. HOW DO WE CONTACT YOU?

Social Security Number: _____ Your Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: () _____ Business Phone: () _____

Fax Number: () _____ E-mail Address: _____

3. TELL US ABOUT YOUR EDUCATION:

High School (Name): _____ Location: _____

Diploma Other (Specify) Highest Grade Completed _____

College Graduate? Yes No If no, give total credit received _____

Your Name if Different While Attending School: _____

Undergraduate College / University: _____ Credits: _____

Degree: _____ Year Degree Obtained: _____

Pertinent Undergraduate Courses: _____

Graduate School: _____ Credits: _____

Degree: _____ Year Degree Obtained: _____

Pertinent Graduate Courses: _____

Job-Related Training and Course Work

List any skills, licenses and certificates which are related to the job you seek
(Include words per minute typing speed and computer software proficiency).

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4. TELL US ABOUT YOURSELF

Do you possess a valid driver's license? Yes No _____ If yes, please provide
(State)

Number _____ Expiration Date _____ Class: (check one) A B C D E F

Have you ever been convicted of a criminal offense? Yes No

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) _____

Where Convicted	Date	Disposition/Status
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Have you ever been terminated or forced to resign from any job? Yes No If yes, explain _____

Are you legally authorized to work in the United States? Yes No

Give the names of two people, not relatives, who are familiar with your work.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Do you currently, or have you in the past held a Security Clearance? Yes No

If yes, Level _____ Date of Issue _____

Issuing Agency _____

Certification of Applicant: By my signature, I affirm, agree and understand that all statements on this form are true and accurate. Any misrepresentation, falsification or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature _____ Date _____

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5. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. **All information in this section must be complete. A résumé may be attached, but not substituted for completing this section.**

1. Name of Present or Last Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From ____/____/____ To ____/____/____ Hours Per Week _____ Salary _____
May we Contact this Employer? Yes No
Job Duties (give details)

Reason for Leaving

2. Name of Present or Last Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From ____/____/____ To ____/____/____ Hours Per Week _____ Salary _____
May we Contact this Employer? Yes No
Job Duties (give details)

Reason for Leaving

3. Name of Present or Last Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From ____/____/____ To ____/____/____ Hours Per Week _____ Salary _____
May we Contact this Employer? Yes No
Job Duties (give details)

Reason for Leaving

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4. Name of Present or Last Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From ____/____/____ To ____/____/____ Hours Per Week _____ Salary _____
May we Contact this Employer? Yes No
Job Duties (give details)

Reason for Leaving

5. Name of Present or Last Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From ____/____/____ To ____/____/____ Hours Per Week _____ Salary _____
May we Contact this Employer? Yes No
Job Duties (give details)

Reason for Leaving

6. Name of Present or Last Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From ____/____/____ To ____/____/____ Hours Per Week _____ Salary _____
May we Contact this Employer? Yes No
Job Duties (give details)

Reason for Leaving

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6. EEO DATA REPORTING FORM:

The federal government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual.

Today's Date _____/_____/_____

Social Security Number _____-_____-_____

Last Name _____

First Name _____

Position for which you are applying _____

Sex (Check appropriate Box) Male Female

Date of Birth _____/_____/_____

Race (Check appropriate Box)

- 1. American Indian / Alaskan Native
- 2. Asian / Pacific Islanders
- 3. Black / Non Hispanic
- 4. Hispanic
- 5. White / Non Hispanic

Are you a United States Veteran? Yes No

Will you need reasonable accommodations to participate in the selection procedures (e.g., interview, written tests, or job demonstration)?

Yes No

If yes, please explain _____