Executive Technologies Corporation
810 Travelers Blvd, Suite El • Summerville, SC • 19485 • (843) 824-5906 • Fax (843) 824-5908

Please send completed application to jobs@executivetechcorp.com

Job Title:				
rk?				
NTACT YOU?				
Your Name:				
County: State:	Zip Code:			
Business Phone: ()				
E-mail Address:				
YOUR EDUCATION:				
Location:				
Highest Grade	e Completed			
	•			
Your Name if Different While Attending School:				
	Credits:			
Degree: Year Degree Obtained:				
	Credits:			
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).				
	Your Name: Your Name: Business Phone: () E-mail Address: YOUR EDUCATION: Location: Highest Grade If no, give total credit received g School: Year Degree Obtained: Year Degree Obtained: O-Related Training and Course Work which are related to the job you seek			

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4. TELL	US ABOUT YOURSELF			
Do you possess a valid	l driver's license? Yes □ No □	(State)	If yes, please provide	
Number	Expiration Date	Class: (check one)	A□ B□ C□ D□ E□ F□	
Note: Omit minor vehi		ed before your 17 th birthd	lay, which was finally adjudicated in It a bar to employment in all cases. Each	
If yes, please list charg	ge(s)			
Where Convicted		Date Dispos	sition/Status	
Have you ever been te	rminated or forced to resign from any	ob? Yes □ No □ If yes	s, explain	
Are you legally author	ized to work in the United States? Y	es 🗆 No 🗆		
Give the names of two	people, not relatives, who are familian	with your work.		
Name	Address		Phone	
Name	Address		Phone	
Do you currently, or have you in the past held a Security Clearance? Yes \(\sigma \) No \(\sigma \) If Yes, Level Date of Issue Issuing Agency				
If No, would you have	difficulty obtaining a Security Clearan	nce? Yes 🗆 No 🗆		
Are you willing to trav	vel outside of your residential/domicile	area to perform work dut	ies? Yes 🗆 No 🗆	
If you answered yes to	the previous question, how long are y	ou willing to be away at o	one time?	
Are you willing to work overtime if applying for a non-exempt position? Yes □ No □				
Do you have any impediment, with or without reasonable accommodation, that would prohibit successful completion of job requirements for the position for which you are submitting this application? Yes \Box No \Box If Yes, please explain:				

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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 Employe	r				
Address					
Job Title					
Number Supervised					
From/ To	/	/	Hours Per Week	Salary	
May we Contact this Employer? Ye	s □ No □				
Job Duties (give details)					
Reason for Leaving					
2. Name of Present or Last Employe	r				
Address					
Job Title					
Number Supervised					
From/ To	/	/	Hours Per Week	Salary	
Reason for Leaving					
3. Name of Present or Last Employe					
Address					
Job Title Number Supervised					
From/ To					
May we Contact this Employer? Ye Job Duties (give details)					
Reason for Leaving					
At Will Employment: By my signar dismissal or discipline without notice quit my employment at any time, for than a Director or Officer transmittin employment. I also understand that a Contract.	or cause, at the any reason, with g a bona fide Em	discretion nout notice. aployment	of the employer. I also u I understand that no rep Contract, has authority to	understand that his no presentative of the co o change the terms of	neans I am free to ompany, other of an at-will
Signature			Date		

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Certification of Applicant: By my signature, I affirm, agree and understand that all statements on the preceding pages 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		
6. EEO DATA REI	PORTIN	G FORM:		
	will not re a manner w			
Social Security Number	<u>-</u>	<u></u>		
Last Name				
First Name				
Position for which you are applying				
Sex (Check appropriate Box)	Male □ Fe	male		
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 accommod demonstration)?	ations to p	articipate in the selection procedures (e.g., interview, written tests, or job		
□ Yes □ No				
If yes, please explain				

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