

ARMSTRONG MANAGEMENT SERVICES INC  
3949 PENDER DRIVE SUITE 205  
FAIRFAX VA 22030  
703-385-1133 FAX 703-591-5785

**APPLICATION FOR EMPLOYMENT**  
(PLEASE TYPE OR PRINT IN DARK INK)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Name (Last First Middle)

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Telephone Number (Area Code + Number) / Email Address / Other Names Employed Under

Position(s) applying for: \_\_\_\_\_

Have you previously applied for a job with AMS? \_\_\_\_\_ Yes \_\_\_\_\_ No, When? \_\_\_\_\_

Have you ever been employed by AMS? \_\_\_\_\_ Yes \_\_\_\_\_ No, When? \_\_\_\_\_

Do you have relatives employed at AMS? \_\_\_\_\_ Yes \_\_\_\_\_ No, Whom? \_\_\_\_\_

Are you willing to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

What days and hours are you available to work? \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you subject to any income withholdings? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you in a current non-compete agreement with a previous employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you speak, read and/or write a language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, check the following and list language(s):

Speak  Read  Write \_\_\_\_\_

Speak  Read  Write \_\_\_\_\_

Would you be willing to serve as an interpreter? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
If driving is a requirement of the job, are there any factors that would prevent you from driving?

**EDUCATION**

School Name	City/State	Major	Last Year Completed	Graduate? Yes/No	Degree
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\_\_\_\_\_  
High School

\_\_\_\_\_  
College

\_\_\_\_\_  
Graduate School

\_\_\_\_\_  
Business or Trade School

**SPECIAL TRAINING OR EXPERIENCE**

Please indicate the number of years experience in any specialty:

_____ Accounting	_____ Property Management
_____ Answering Business Telephones	_____ Supervision
_____ Bookkeeping	_____ Typing (_____ wpm)
_____ Computer	_____ Spreadsheets:
_____ 10-Key Calculator	_____ Word Processing:

SALARY DESIRED: \_\_\_\_\_

**ADDITIONAL INFORMATION WHICH WOULD ASSIST US IN DETERMINING YOUR QUALIFICATIONS FOR EMPLOYMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT RECORD**

(Start with present or most recent employer. If employed under a different name, please indicate.)

May we contact any employers listed? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, indicate those which we should not contact.)

1. \_\_\_\_\_  
Name (most recent employer) Address

\_\_\_\_\_  
Telephone Number Salary or Wage Dates Employed

\_\_\_\_\_  
Job Title P/T or F/T

\_\_\_\_\_  
Immediate Supervisor Name and Title Reason for Leaving

Description of Duties (Provide only if you have not provided a current resume)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
Employer Name Address

\_\_\_\_\_  
Telephone Number Salary or Wage Dates Employed

\_\_\_\_\_  
Job Title P/T or F/T?

\_\_\_\_\_  
Immediate Supervisor Name and Title Reason for Leaving

Description of Duties (Provide only if you have not provided a current resume)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Salary or Wage \_\_\_\_\_ Dates Employed \_\_\_\_\_

Job Title \_\_\_\_\_ P/T or F/T? \_\_\_\_\_

Immediate Supervisor Name and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties (Provide only if you have not provided a current resume)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOB APPLICANT AGREEMENT AND CERTIFICATION**

"I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize past employers, all references, and any other persons having such information to release same.

I understand that if I am given an offer of employment, such employment is conditioned upon my successfully being able to perform the essential functions and duties of the offered position, or the offer may be withdrawn. I also understand that if it is revealed that I have a disability which would prevent me from performing one of the essential functions of the position I am applying for, I could be asked to describe or demonstrate how, with or without reasonable accommodation, I will be able to perform the job function. If hired, I agree to be employed on a ninety (90) calendar day orientation period, and that I may be dismissed at any time during my employment at the discretion of the employer. If employed, I agree to abide by all present and subsequently issued company policies and rules.

I understand that my signature on this application is neither a contract nor an implied contract of employment with this Corporation."

Signature \_\_\_\_\_

This Corporation is an equal opportunity employer and does not discriminate in employment practices because of race, color, religion, age, sex, disability, veteran status, or national origin. Armstrong Management Services, Inc. operates in a smoke-free environment. Applications will be considered valid up to one year from date of submission. Only completed applications will be processed.

**HOW DID YOU HEAR ABOUT OUR EMPLOYMENT OPPORTUNITIES?**

- \_\_\_\_\_ *Washington Post*
- \_\_\_\_\_ Other Newspaper Advertisement (Which paper(s)? \_\_\_\_\_)
- \_\_\_\_\_ Referral (By whom? \_\_\_\_\_)
- \_\_\_\_\_ Virginia Employment Commission
- \_\_\_\_\_ Other (Please Specify \_\_\_\_\_)