

EMPLOYMENT APPLICATION

Mail to: 2201 Buena Vista Drive, Suite 211
Albuquerque, New Mexico 87106



It is our policy to conduct all personnel matters without regard to race, color, religion, sex, or national origin and in accordance with the laws and regulations concerning privacy, age, handicaps and veteran status. Employment is contingent upon (1) assignment to ORION International Technologies, Inc. of all patent rights to inventions and copyrights to software conceived in the course of, or in connection with, employment; and (2) the mutual will of the parties involved.

INSTRUCTIONS: The information you provide will be entered into our computer and will become your basic personnel record at ORION if you are hired. To facilitate processing, please read the following instructions carefully and provide full accurate information in all blanks even if you submit a separate resume. Add sheets if necessary. **TYPE OR PRINT IN INK.**

AFFIRMATIVE ACTION INFORMATION

Is the policy of ORION International Technologies, Inc. (ORION) to provide equal employment opportunity to include considering applicants for all positions without regard to race, color, religion, sex, national origin, age disability, veteran status or any other legally protected status.

Dear Applicant

Thank you for considering ORION for possible employment. In an effort to comply with requirements for government record keeping, reporting, and other legal obligations, we ask that you please complete the voluntary information below.

The information requested is not part of your official application for employment and will be kept strictly confidential. The survey is filed separately from your application and is not available to individuals involved in the employment selection process.

Thank you for your help and cooperation.

Date: _____

Position(s) applied for: _____

Referral Source _____

- Advertisement
- Employee
- Relative
- Walk-in
- School
- Government Employment Agency
- Private Employment Agency
- Other

Name of Source (if applicable): _____

US Citizen: Yes No Sex: Male Female

Race: African American White American Indian/Alaska Native Asian Hispanic Native Hawaiian/Pacific Islander Race Unknown

Notice to Vietnam Era Veterans, Disabled Veterans and individuals with physical or mental handicaps or disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era and qualified handicapped individuals. You are invited to volunteer this information, if you qualify to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Other Veteran
- Handicapped Individual

PERSONAL DATA

YOUR FULL NAME:

Last

First

Full Middle Name

Date of Application

Your former name(s), or aliases, which may appear on the records related to this application: _____

- -

Social Security Number

() -

Present Street Address

City & State Abbreviation

Zip Code

Phone Area & Number

() -

Permanent Street Address, if different

City & State Abbreviation

Zip Code

Phone Area & Number

Where can we reach you or leave a message for you during the day? _____

() -

Phone Area & Number

Next of Kin (In Case of Emergency) _____

() -

Name (First, Middle Initial, Last Name)

Phone Area & Number

Are you willing to relocate?

Yes No

Type(s) of Work Desired: _____

Date Available for Employment: _____

Have you ever been granted a DoD or DOE (ERDA or AEC) security clearance? _____

Yes No

DOE DoD

If yes, show company worked for and mo/yr clearance last active and level of clearance: _____

Level of Clearance

Company Name

Month/Year

Are you a citizen of the United States?

Yes No

Do you hold dual citizenship?

Yes No

Have you entered into any employment contracts or are you under any restrictions which may limit your freedom to perform work for ORION after your availability date? _____

Yes No

If so, please explain Limitations and Duration: _____

Limitations

Duration

REFERENCES

List three persons, not relatives or employers, whom we may contact regarding your abilities (List Faculty References below)

() -

Name

Connection known in?

Home phone Area & Number

() -

Mail Address

City & State Abbreviation

Zip Code

Business Phone Number

() -

Name

Connection known in?

Home phone Area & Number

() -

Mail Address

City & State Abbreviation

Zip Code

Business Phone Number

() -

Name

Connection known in?

Home phone Area & Number

() -

Mail Address

City & State Abbreviation

Zip Code

Business Phone Number

EDUCATION SUMMARY

Technical institute or college graduates complete the following blanks and provide faculty references. Others leave these sections blank. Please convert grade point averages to an A = 4.00 system. Submit copies, not originals; documents submitted will not be returned.

OVERALL GPA: Associate Degree _____ Bachelor's _____ Master's _____ Doctoral _____

MAJOR FIELD GPA: Associate Degree _____ Bachelor's _____ Master's _____ Doctoral _____

MS THESIS TITLE: _____

PhD THESIS TITLE: _____

Thesis or Major Field Advisor: _____ School: _____

_____ () -
 Mail Address City & State Abbreviation Zip Code Business Phone Number

A Second Faculty Reference: _____ School: _____

_____ () -
 Mail Address City & State Abbreviation Zip Code Business Phone Number

EDUCATION

List all schools attended since and including high school, most recent first. Include partial college, business, trade or vocational school, apprenticeships, or any special training. Show type of school as Univ, Col, Bus, Voc, HS etc. If no degree or diploma, show number of credit hours completed and type of credit hours as Qtr., Sem., etc. For high school, leave dates attended blank. [Enter Mo/Yr as mm/yyyy.]

MOST RECENT SCHOOL _____ Attended from Mo/Yr _____ to _____

_____ Type of School City & State Abbreviation Type Degree/Diploma (or No. & Type of Hours)

_____ Major Field of Study Minor if Any Date Degree/Diploma Received or Expected

NEXT MOST RECENT SCHOOL _____ Attended from Mo/Yr _____ to _____

_____ Type of School City & State Abbreviation Type Degree/Diploma (or No. & Type of Hours)

_____ Major Field of Study Minor if Any Date Degree/Diploma Received or Expected

NEXT MOST RECENT SCHOOL _____ Attended from Mo/Yr _____ to _____

_____ Type of School City & State Abbreviation Type Degree/Diploma (or No. & Type of Hours)

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_____ Major Field of Study Minor if Any Date Degree/Diploma Received or Expected

NEXT MOST RECENT SCHOOL _____ Attended from Mo/Yr _____ to _____

_____ Type of School City & State Abbreviation Type Degree/Diploma (or No. & Type of Hours)

_____ Major Field of Study Minor if Any Date Degree/Diploma Received or Expected

Show earlier Schools on Additional sheet(s), providing information comparable to the above

EXPERIENCE

Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience.

Present or past employer	Street Address	City and State	Zip Code
Employed: From _____	Start Rate _____	Per <input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Number of hours worked per week _____
To _____	Final Rate _____	Per <input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Supervisor _____
Reason for leaving or wanting to leave. _____		Supervisor Phone No.: Area/No. () - _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not now, when? _____			
Your job title: _____		Department: _____	
Job Duties: _____			

Next to Previous employer	Street Address	City and State	Zip Code
Employed: From _____	Start Rate _____	Per <input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Number of hours worked per week _____
To _____	Final Rate _____	Per <input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Supervisor _____
Reason for leaving or wanting to leave. _____		Supervisor Phone No.: Area/No. () - _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not now, when? _____			
Your job title: _____		Department: _____	
Job Duties: _____			

Next to Previous employer	Street Address	City and State	Zip Code
Employed: From _____	Start Rate _____	Per <input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Number of hours worked per week _____
To _____	Final Rate _____	Per <input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Supervisor _____
Reason for leaving or wanting to leave. _____		Supervisor Phone No.: Area/No. () - _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not now, when? _____			
Your job title: _____		Department: _____	
Job Duties: _____			

Next to Previous employer	Street Address	City and State	Zip Code
Employed: From _____	Start Rate _____	Per <input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Number of hours worked per week _____
To _____	Final Rate _____	Per <input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Supervisor _____
Reason for leaving or wanting to leave. _____		Supervisor Phone No.: Area/No. () - _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not now, when? _____			
Your job title: _____		Department: _____	
Job Duties: _____			

Show all earlier jobs (except those clearly not applicable) on additional sheet(s), providing information comparable to the above, especially Mo/Yr of From and To dates.

MILITARY

Branch of Service
(Add sheet if necessary)

Mo/Yr Entered (mm/yyyy)

Mo/Yr Separated

Relevant Assignments

Mo/Yr

Rank at Separation

Relevant Service School Training Completed

Number & Type of Hours Completed

Type Diploma/Certificates

Mo/Yr Completed

SUPPLEMENTARY ACHIEVEMENTS

Show number of inventions and patents _____ And list major numbers and titles (attach full list if you wish)

Show number of publications _____ And list major numbers and titles (attach full list if you wish)

Identify any relevant licenses; any special skills or equipment operated; any hobbies or experiences that helped you develop job related skills and abilities; any related skills and abilities; any related professional or civic activities; any scholastic honors, honor societies, or other awards; and/or any other matter that may help you qualify for the type of work desired. Add sheets if necessary (490 character in this space)

CERTIFICATION

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in the application may be sufficient cause for rejection for employment or foe dismissal after employment.

Signature _____

Date _____