



**Ivyhill Technologies, LLC**  
**9658 Baltimore Avenue, Suite 300-1**  
**College Park, MD 20740**  
 An Equal Opportunity Employer

**EMPLOYMENT APPLICATION**

**ALL INFORMATION PROVIDED ON THE EMPLOYMENT APPLICATION WILL BE VERIFIED.**

PLEASE PRINT OR TYPE			
LAST NAME	FIRST NAME	MIDDLE NAME	SS #
CURRENT ADDRESS (STREET, CITY, STATE, AND ZIP CODE)			
HOME PHONE #:	MOBILE PHONE #:	EMAIL ADDRESS:	
CAN YOU, AFTER EMPLOYMENT, SUBMIT PROOF OF U.S. CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT A U.S. CITIZEN, CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>POSITION DESIRED</b>			
POSITION(S) APPLIED FOR:	DESIRED SALARY: \$	EMPLOYMENT INTEREST:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER
HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY IVYHILL TECHNOLOGIES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHERE/WHEN DID YOU APPLY OR WORK?			
DATE AVAILABLE FOR WORK:	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE GEOGRAPHIC PREFERENCE, IF ANY?		
WHAT LED YOU TO APPLY AT IVYHILL TECHNOLOGIES? (CHECK ONE)			
<input type="checkbox"/> STATE EMPLOYMENT AGENCY <input type="checkbox"/> SOCIAL MEDIA    _____ <input type="checkbox"/> INTERNET    _____ <input type="checkbox"/> EMPLOYEE REFERRAL    _____ <input type="checkbox"/> OTHER    _____			
LIST NAMES OF FRIENDS OR RELATIVES EMPLOYED BY IVYHILL TECHNOLOGIES			
<b>U.S. MILITARY SERVICE</b>			
BRANCH OF SERVICE		ACTIVE SERVICE	
		FROM:	TO:
BEGINNING RANK:	ENDING RANK:	TYPE OF SEPARATION:	
DUTIES:			
<b>GENERAL INFORMATION</b>			
HAVE YOU EVER BEEN CONVICTED OF: (OMIT MINOR TRAFFIC VIOLATIONS)		1) A MISDEMEANOR	YES    NO;
		2) A FELONY	YES    NO; OR
		3) CONVICTED IN A MILITARY COURT MARTIAL?	YES    NO
IF YES, PLEASE GIVE DATE(S) AND EXPLAIN:			
HAVE YOU EVER BEEN GRANTED A SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, INDICATE EMPLOYER AT TIME OF MOST RECENT GRANTING, LEVEL OF CLEARANCE, DATE GRANTED AND WHERE?			
HAVE YOU EVER BEEN REFUSED A SECURITY CLEARANCE OR HAD A SECURITY CLEARANCE REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE EXPLAIN:			

## EMPLOYMENT HISTORY

**ALL INFORMATION PROVIDED ON THE EMPLOYMENT APPLICATION WILL BE VERIFIED.**

ARE YOU PRESENTLY EMPLOYED?     YES     NO    |    IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?     YES     NO

LIST CURRENT OR MOST RECENT EMPLOYER FIRST

EMPLOYER	TYPE OF BUSINESS	TELEPHONE NUMBER	DATES EMPLOYED (MO/YEAR)
STREET ADDRESS	IMMEDIATE SUPERVISOR'S NAME	YOUR JOB TITLE	START _____
			END _____
CITY, STATE, ZIP CODE	BASE SALARY		DATE OF LAST INCREASE
	BEGINNING	ENDING	

SUMMARIZE YOUR DUTIES

REASON FOR LEAVING

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	BEGINNING	ENDING	

SUMMARIZE YOUR DUTIES

REASON FOR LEAVING

## EDUCATION

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HIGH SCHOOL GRADUATE:    YES    NO	IF YES, GIVE DATE RECEIVED DIPLOMA OR GED: (MO/YEAR)				
GED DIPLOMA/CERTIFICATE:    YES    NO (IF APPLICABLE)					
NAME OF HIGH SCHOOL OR GED CENTER:	LOCATION (CITY, STATE):				
COLLEGES: NAMES	LOCATION	DATES ATTENDED	DEGREE TYPE	DATE REC'D (MO/YEAR)	MAJOR/FIELD
LIST ANY CERTIFICATIONS, LICENSES, ETC.					
FOREIGN LANGUAGE CAPABILITIES					

## REFERENCES (PROFESSIONAL)

(PLEASE LIST MANAGERS, SUPERVISORS OR TEACHERS WHO WE MAY CONTACT AND WHO KNOW YOUR JOB QUALIFICATIONS (PRESENT OR FORMER).)

NAME	OCCUPATION	YEARS KNOWN
STREET ADDRESS, CITY, STATE, AND ZIP CODE		
EMAIL ADDRESS	TELEPHONE NUMBER	
NAME	OCCUPATION	YEARS KNOWN
STREET ADDRESS, CITY, STATE, AND ZIP CODE		
EMAIL ADDRESS	TELEPHONE NUMBER	
NAME	OCCUPATION	YEARS KNOWN
STREET ADDRESS, CITY, STATE, AND ZIP CODE		
EMAIL ADDRESS	TELEPHONE NUMBER	

### PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS AND MATTERS STATED IN THE INTERVIEW PROCESS AS WELL AS CONTAINED IN THIS APPLICATION WHICH IVYHILL TECHNOLOGIES MAY DEEM RELEVANT TO MY EMPLOYMENT; AND I AUTHORIZE ALL MY PREVIOUS EMPLOYERS OR OTHER PERSONS HAVING INFORMATION CONCERNING ME OR MY RECORD TO REPORT SUCH INFORMATION TO IVYHILL TECHNOLOGIES. I RELEASE EACH PERSON FROM ALL CLAIMS OR LIABILITIES WHATSOEVER ON ACCOUNT OF MAKING SUCH INQUIRY OR MAKING SUCH DISCLOSURES WHETHER FAVORABLE OR UNFAVORABLE.

I UNDERSTAND THAT IF OFFERED A POSITION WITH IVYHILL TECHNOLOGIES, I MAY BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT EXAMINATION, DRUG SCREENING AND/OR BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT AND CONTINUED EMPLOYMENT. I UNDERSTAND UNSATISFACTORY RESULTS FROM, REFUSAL TO COOPERATE WITH, OR ANY ATTEMPT TO AFFECT THE RESULTS OF THESE EMPLOYMENT TESTS AND CHECKS WILL RESULT IN WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION OF EMPLOYMENT IF ALREADY EMPLOYED.

I UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THE EMPLOYEE OR THE EMPLOYER MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITHOUT NOTICE OR CAUSE.

I UNDERSTAND THAT IT IS THE POLICY OF IVYHILL TECHNOLOGIES TO AFFORD EQUAL OPPORTUNITY TO ALL APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, MARITAL STATUS, SEXUAL ORIENTATION, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY, AND TO AFFORD EQUAL OPPORTUNITY TO DISABLED VETERANS, VETERANS OF THE VIETNAM ERA, AND INDIVIDUALS WITH A DISABILITY, ANY AND OTHER CHARACTERISTICS PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AN ORAL EMPLOYMENT OFFER IS VALID ONLY WHEN SUPPORTED IN WRITING



## APPLICANT SELF – IDENTIFICATION

Ivyhill Technologies, LLC. (Ivyhill) is government contractor and to comply with the regulations for equal employment opportunity and affirmative action (EEO/AA), we must track and report our applicants by gender and race/ethnicity and the position they applied for to the government. Additionally, in accordance with Vietnam Era Veterans’ Readjustment Assistance Act of 1974 (VEVRAA), we are required to take affirmative action to employ and advance employment of veterans as indicated below. We are an organization that values diversity and encourages women and minorities to apply. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the government. When reported, data will not identify any specific individuals.

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female

### ETHNIC GROUP:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

### VETERAN STATUS:

If you are not a veteran, select box 1 **OR** select the box(es) that apply to your veteran status.

- I am not a veteran.** (I did not serve in the military.)
- I belong to the following classifications of protected veterans (Choose all that apply):
  - Disabled Veteran** – A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
  - Recently Separated Veteran** – Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.  
**Military Discharge Date (MM/DD/YYYY):** \_\_\_\_\_
  - Active Duty Wartime or Campaign Badge Veteran** – A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
  - Armed Forces Service Medal Veteran** – A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- I am NOT a protected veteran.** (I served in the military but do not fall into any veteran categories listed above.)
- I choose not to identify my veteran status.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date