



Application for Employment

Open Solutions Group, Inc.
 1934 Old Gallows Rd., Ste 350
 Vienna, VA 22182
 www.opensgi.com
jobs@opensgi.com

AN EQUAL OPPORTUNITY EMPLOYER

All employment decisions are made without regard to race, color, religion, sex, sexual orientation, national origin, age, creed, ancestry, martial status, non-job-related handicap or disability, veteran status, or any other legally protected status

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PERSONAL DATA		
Full Name: Last, First, Middle (No Initials or Nicknames)		Date:
		Email Address:
Phone: (include area code)	Street Address, Apt. #:	
	City, State, Zip:	
Date Available:	Social Security Number:	Desired Salary:
Position Applied For:		
Employment Desired: Full-Time Only <input type="checkbox"/> Part-Time Only <input type="checkbox"/>		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever worked for OpenSGI? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?		
If required, are you able to travel out of town? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>
If hired, can you provide proof you are a citizen or national of the U.S.A., a lawful permanent resident, or alien authorized to work in this county? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If you are hired, proof of U.S. citizenship or immigration status is required.		
Please identify any specialized skills and/or qualifications that are relevant to this position:		

EDUCATION					
	Name /City, State Of School	Years Completed	Major Subjects	Graduated? Yes or No	Degree? Yes or No
High School					
College					
Graduate School					
Trade School					

PUBLICATIONS AND AWARDS
Please list any awards publications or industry achievements:

MILITARY SERVICEHave you ever been in the Armed Forces? YES NO

From To

Branch of Service:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Specialty:

Are you currently a member of the National Guard? YES NO **SECURITY CLEARANCE**Have you ever, or do you currently have a Security Clearance? YES NO

Level:

Date Issued:

Date De-Briefed:

MISCELLANEOUSHave you ever been convicted of or pled guilty or no contest to a misdemeanor crime? YES NO Have you ever been convicted of or pled guilty or no contest to a felony? YES NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Please Identify Where You Learned About An Employment Opportunity With OpenSGI

Craigslist.org Job Website Employee Referral OpenSGI website Other**REFERENCES**Please list **three** professional references, other than relatives or previous employers

Full Name:

Title:

Company:

Relationship:

Address:

Phone: ()

Years Known:

Full Name:

Title:

Company:

Relationship:

Address:

Phone: ()

Years Known:

Full Name:

Title:

Company:

Relationship:

Address:

Phone: ()

Years Known:

EMPLOYMENT HISTORY

Please list your work experience for the **past seven years** beginning with your most recent position held. If you were self-employed, give firm name. Complete all items and account for all time.

Company Name		Employment Dates (To / From)	
Street Address	City	State, Zip Code	Phone Number
Supervisor's Name:		Supervisor's Title:	
Your Job Title	Starting Annual Salary \$	Ending Annual Salary \$	
Responsibilities			
Reason for Leaving:			
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company Name		Employment Dates (To / From)	
Street Address	City	State, Zip Code	Phone Number
Supervisor's Name:		Supervisor's Title:	
Your Job Title	Starting Annual Salary \$	Ending Annual Salary	
Responsibilities			
Reason for Leaving:			
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company Name		Employment Dates (To / From)	
Street Address	City	State, Zip Code	Phone Number
Supervisor's Name:		Supervisor's Title:	
Your Job Title	Starting Annual Salary \$	Ending Annual Salary	
Responsibilities			
Reason for Leaving:			
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Attach additional page(s) if necessary.

APPLICATION FORM WAIVER

Please read this form carefully before initialing and signing this application.

In exchange for the consideration of my job application by OPEN Solutions Group, Inc., (hereinafter called "OpenSGI"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of OpenSGI, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chief Executive Officer and/or Chief Operating Officer of the OpenSGI. Both the undersigned and OpenSGI. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that OpenSGI may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____(Initial)

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give OpenSGI permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release OpenSGI from any liability as a result of such contract. _____(Initial)

I further understand that my employment with OpenSGI shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with OpenSGI is terminable at will for any reason by either party. _____(Initial)

Signature of Applicant _____ **Date:** _____

OpenSGI is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with OpenSGI depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.