



Systems Integration/Modeling & Simulation, Inc.

Application for Employment

An Equal Opportunity Employer

400 SW Atlantic St.
Tulahoma, TN 37388
(931) 454.0833 ph (931) 455-0834 fax
http://www.sim-s.com

PERSONAL INFORMATION

Name _____ **Date:** _____
 First Middle Last

Address _____ **Are you a U.S. Citizen?:** Yes No
 Street

City State Zip _____

 County _____

 Phone Number _____ Email Address _____

Are there any other names under which your employment or educational records, references, and other information in the application may be verified? If so, list: _____

TYPE EMPLOYMENT DESIRED

Preferred Position _____ **Are you currently employed?** Yes No
 Preferred Location _____ **Date you could begin work** _____
 Preferred Shift _____ **Are you willing to relocate?** Yes No
 Desired Hourly Pay \$ _____ **If yes, state geographic preference:** _____

Applying for: Full-time Part-time Temporary

EDUCATION *Your educational record will be considered only to the extent that it is relevant to the job sought.*

High School

Name	City	State	GPA/Rank in Class	Graduation Date(Mo./Year)
_____	_____	_____	_____	_____

College or Trade Schools (include Military)

Dates attended

Name	City	State	From (Mo./Yr)	To (Mo./Yr)	Graduation Date (Mo./Year)	Degree or Certification
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

EXTRACURRICULAR ACTIVITIES AND SCHOLARSHIPS: List those extracurricular activities and scholarships for which you believe are related to the position for which you are applying. (You may exclude those that may suggest race, religious creed, sex, marital status, age, color, national origin, or disability.)

PROFICIENCIES: If you are applying for a position in which computer skills or secretarial/clerical skills are relevant, please answer the following (if you have questions about whether such skills are relevant, ask a SIM&S Human Resource Representative.)

List all makes and models of computers and operating system with which you have had operations experience: _____

List all data processing, telecommunications, or office equipment which you are proficient: _____

List all computer languages with which you have had experience: _____

Typing Speed: _____ w.p.m.

Shorthand method/speed: _____

United States Military Service: If you have obtained any experience or skills while in military service that relate to the job for which you are applying please describe the nature of your duties that led to the experience.

EMPLOYMENT BACKGROUND

1 CURRENT OR MOST RECENT EMPLOYER From: _____ To: _____
Employment Dates

Name _____ City _____ State _____

Job Title _____

Supervisor _____ Phone _____
 (Or HR contact)

May we contact this employer (yes, no) _____ Start Pay \$ _____ /hr.

Duties _____ End Pay \$ _____ /hr.

Reason for Leaving _____

2 EMPLOYER From: _____ To: _____
Employment Dates

Name _____ City _____ State _____

Job Title _____

Supervisor _____ Phone _____
 (Or HR contact)

May we contact this employer (yes, no) _____ Start Pay \$ _____ /hr.

Duties _____ End Pay \$ _____ /hr.

Reason for Leaving _____

3 EMPLOYER *Employment Dates* From: _____ To: _____

Name _____ City _____ State _____

Job Title _____

Supervisor _____ Phone _____
 (Or HR contact)

May we contact this employer (yes, no) _____ Start Pay \$ _____ /hr.

Duties _____ End Pay \$ _____ /hr.

Reason for Leaving _____

4 EMPLOYER *Employment Dates* From: _____ To: _____

Name _____ City _____ State _____

Job Title _____

Supervisor _____ Phone _____
 (Or HR contact)

May we contact this employer (yes, no) _____ Start Pay \$ _____ /hr.

Duties _____ End Pay \$ _____ /hr.

Reason for Leaving _____

REFERENCES

Name	Address	Phone	Title or Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECURITY INFORMATION

Have you ever been employed by SIM&S, Inc.? Yes ___ No ___
 If so, give dates and location: _____

Do you have relatives employed by SIM&S, Inc. Yes ___ No ___
 If so, give names and location(s): _____

Do you presently hold a security clearance? Yes ___ No ___
 If yes, state level: _____

Have you ever held a security clearance? Yes ___ No ___
 If yes, state level: _____

Have you ever been denied a security clearance? Yes ___ No ___
 If yes, explain: _____

Have you ever been convicted of a felony? Yes ___ No ___
 (Using your current name or any other name).

If yes, explain (Include full name under which you were convicted.
 Conviction will not necessarily disqualify an applicant from employment):

EEO Policy
 SIM&S, Inc. maintains a policy of non-discrimination for all employees and applications in every facet of the company's operations. In compliance with federal and state laws, SIM&S hires, trains, and promotes all qualified employees without lawful discrimination on the basis of race, color, sex age, religious, creed, marital status, citizenship, national origin, or disability. This policy also applies to disabled veterans and veterans of the Vietnam Era. If you wish to discuss SIM&S Affirmative Action/Equal Employment Opportunity Policies and Programs, please contact a SIM&S Human Resources Representative.

Certifications
 I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for immediate dismissal if discovered at a later date. I understand that if considered for employment, the statements made in this application and my employment and personal history may be subject to investigation by SIM&S, Inc. (hereinafter referred to as the Company) and agree to hold the Company and references provided and used harmless in the event of unfavorable results. I hereby authorize such an investigation to be made. I acknowledge that it is the policy of this Company not to disclose to the applicant the results of the Company's reference checks concerning the applicant, whether favorable or unfavorable, and that I agree with this policy. If employed, I understand that I shall be subject to Company regulations regarding physical examinations as well as all other applicable rules and regulations. I further affirm my understanding that in the event I am employed by the Company, my employment or any assignment during my said employment to and duty, station or job, shall be for the convenience of the Company, shall be governed by applicable United States law and Company policy and shall not constitute an agreement to employ me for a specific period of time. I also understand and accept the condition that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of the Company other than the President has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I agree that the Company may without my further consent make lawful use of any picture it may make or cause to be taken of me.

Print Name as Shown on Social Security Card _____ Signature of Applicant _____ Date _____



AFFIRMATIVE ACTION INFORMATION SURVEY

For EEOC/AAP Compliance Only. Completion of this form is strictly voluntary

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SIM&S, considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, sexual orientation, veteran status, or any other legally protected status.

This form may be completed by the application on a voluntary basis and will not be used for interview purposes. This form will be kept in a confidential file, separate from the employment application.

In an effort to comply with requirements regarding federal/state equal employment opportunity and affirmative action record keeping, reporting and other legal obligation, we invite you to complete this application data survey. Your cooperation is appreciated. *Please print or type.*

Name _____ Date: _____
First Middle Last

Address _____
Street City State Zip

Phone Number _____

Position Applied For _____

Gender: Male Female

Race/Ethnic Group: White (not of Hispanic descent)
 African American/Black (not of Hispanic descent)
 Hispanic/Latino
 Asian/Pacific Islander
 Native American
 Other

Veteran Status: Are you a Vietnam Era Veteran?
 Yes No

Are you a veteran of another war/conflict?
 Yes No

If yes, please specify

Are you a disabled veteran?
 Yes No

Disabled Individual: Do you have a mental impairment that substantially limits one or more of your major life activities?

Yes No

If yes, please specify

For Official Use Only:

- Job Category:
- Officials & Managers
 - Professionals
 - Technicians
 - Sales Workers
 - Office and Clerical
 - Craft Workers (Skilled)
 - Operatives (Semi-Skilled)
 - Laborers (Unskilled)
 - Service Workers

Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

Telephone number () - _____

If you are under age 25, enter your date of birth (month, day, year) ____ / ____ / ____

Work Opportunity Credit

- 1 Check here if you received a conditional certification from the state employment security agency (SESA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
 - I was referred here by a rehabilitation agency approved by the state or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 25 or older and I am a member of a family that:
 - a Received food stamps for the last 6 months **or**
 - b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
 - Within the past year, I was convicted of a felony or released from prison for a felony **and** during the last 6 months I was a member of a low-income family.
 - I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

Welfare-to-Work Credit

- 3 Check here if you received a conditional certification from the SESA or a participating local agency for the welfare-to-work credit.
- 4 Check here if you are a member of a family that:
- Received TANF payments for at least the last 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**
 - Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made.

All Applicants

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____