



Metro Productions Government Services, LLC

Employment Application

27 W Queens Way, Suite 302, Hampton, VA 23669 • 757-726-0877 • fax 757-726-0876
www.metroproductions-gs.com

Metro Productions Government Services, LLC is an equal opportunity employer. Prospective employees will receive consideration without regard to race, creed, color, sex, age, national origin, disability, genetics or veteran status. Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of Human Resources.

This application is your introduction to our company. So that we may give you prompt & careful consideration, answer all questions carefully and completely. Please type or print neatly. We appreciate your interest in our company.

PERSONAL

		DATE OF APPLICATION	EMAIL ADDRESS	
NAME <i>(Last, First, Middle)</i>		HOME PH.#	OTHER PH.#	
STREET ADDRESS		CITY	STATE	ZIP
POSITION(S) APPLIED FOR		HOW LONG AT THIS ADDRESS?		
HOW WERE YOU REFERRED TO METRO PRODUCTIONS GOVERNMENT SERVICES?		HAVE YOU APPLIED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU WORK OVERTIME IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AVAILABLE TO WORK FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, WHAT DAYS & HOURS CAN YOU WORK?			
HAVE YOU EVER BEEN EMPLOYED BY METRO PRODUCTIONS GOVERNMENT SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, WHAT YEAR?				
DO YOU HAVE FRIENDS OR RELATIVES EMPLOYED BY METRO PRODUCTIONS GOVERNMENT SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST NAMES AND RELATIONSHIP				

EDUCATION

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

NAME	CITY, STATE	COURSE OF STUDY	GRADE AVG	NO. OF YRS	CERTIFICATE, DIPLOMA, OR DEGREE
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
OTHER					

SPECIAL SKILLS, TALENTS, CRAFTS

Summarize skills, training, languages, hobbies, crafts, certifications or licenses that may qualify you for a position.

TYPING SPEED WPM	DATA ENTRY STROKES/HOUR	COMPUTER SOFTWARE
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LEGAL

ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE STATE YOUR DATE OF BIRTH:	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? <i>(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INCLUDE FULL NAME UNDER WHICH YOU WERE CONVICTED. CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.	

EXPERIENCE

Employment background -- start with present or most recent position

EMPLOYER:		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS	CITY	STATE	ZIP
SUPERVISOR'S NAME	TITLE	PHONE #	
JOB TITLE & DUTIES	FROM (MO/YR)	TO (MO/YR)	
	START PAY	END PAY	
	OTHER PAY (GIVE DETAILS)		
	REASON FOR LEAVING		
EMPLOYER:			
STREET ADDRESS	CITY	STATE	ZIP
SUPERVISOR'S NAME	TITLE	PHONE #	
JOB TITLE & DUTIES	FROM (MO/YR)	TO (MO/YR)	
	START PAY	END PAY	
	OTHER PAY (GIVE DETAILS)		
	REASON FOR LEAVING		
EMPLOYER:			
STREET ADDRESS	CITY	STATE	ZIP
SUPERVISOR'S NAME	TITLE	PHONE #	
JOB TITLE & DUTIES	FROM (MO/YR)	TO (MO/YR)	
	START PAY	END PAY	
	OTHER PAY (GIVE DETAILS)		
	REASON FOR LEAVING		
EMPLOYER:			
STREET ADDRESS	CITY	STATE	ZIP
SUPERVISOR'S NAME	TITLE	PHONE #	
JOB TITLE & DUTIES	FROM (MO/YR)	TO (MO/YR)	
	START PAY	END PAY	
	OTHER PAY (GIVE DETAILS)		
	REASON FOR LEAVING		

REFERENCES

List individuals who can attest to your abilities & work accomplishments.

NAME	ADDRESS	PHONE #	REFERENCES POSITION OR RELATIONSHIP TO YOU

APPLICANT'S STATEMENT

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature

Date