



**HR FORM – 101  
EMPLOYMENT APPLICATION**

101 N. Rutgers Ave., Suite 202  
Oak Ridge, TN 37830  
Main: (865) 813-4141

**APPLICANT INFORMATION**

Last Name:		First Name:		M.I.:	
Street Address:				Apartment/Unit #:	
City:		State:		ZIP:	
Phone:		E-mail Address:			
Application Date:		Date Available:		Social Security No.:	
Position Applied for:				Desired Salary:	
Are you a citizen of the United States?				YES	NO
If not, are you authorized to work in the United States?				YES	NO
Have you ever worked for this company?				YES	NO
If yes, when and location?					
Do you have an active or reinstatable clearance?		YES	NO	If reinstatable, provide date of termination:	
If yes, what clearance type do you have?		DOE L	DOE Q	DoD S	DoD TS
Have you ever been convicted of a felony?				YES	NO
If yes, explain:					

**EDUCATION**

High School:			City/State:		
Did you graduate?	YES	NO	If not, completion of High School (GED or equivalent), explain:		
College or University:			City/State:		
Did you graduate?	YES	NO	Degree:		
Other:			City/State:		
Did you graduate?	YES	NO	Degree:		

**SYNERGY SOLUTIONS EMPLOYMENT APPLICATION (cont.)**

<b>SPECIALIZATION/TRAINING</b>			
Subjects of Specialization:			
Special Job Related Skills/Training:			
Certifications, Registrations, and Licenses:			
Professional Memberships:			
<b>PREVIOUS EMPLOYMENT</b>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary \$:	Ending Salary \$:	
Responsibilities:			
From:	To:	Reason for Leaving:	
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary \$:	Ending Salary \$:	
Responsibilities:			
From:	To:	Reason for Leaving:	

## SYNERGY SOLUTIONS EMPLOYMENT APPLICATION (cont.)

<b>PREVIOUS EMPLOYMENT (cont.)</b>			
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary \$:	Ending Salary \$:	
Responsibilities:			
From:	To:	Reason for Leaving:	
Have you ever been involuntarily separated/terminated?		YES	NO
If yes, explain:			
<b>MILITARY SERVICE</b>			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			
<b>PROFESSIONAL REFERENCES:</b>			
Provide 3 References (2 References must be at Managerial Level)			
Full Name:		Occupation:	
Company:		Phone:	
Address:			
Full Name:		Occupation:	
Company:		Phone:	
Address:			
Full Name:		Occupation:	
Company:		Phone:	
Address:			

## SYNERGY SOLUTIONS EMPLOYMENT APPLICATION (cont.)

<b>PERSONAL REFERENCES</b>	
Provide at least 1 Reference	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
<b>EQUAL OPPORTUNITY POLICY</b>	
<p>It is the policy of Synergy to recruit, hire, train, and promote persons in all job classifications without regard to race, color, age, religion, sex, national origin, disability, or being a Vietnam Era veteran or disabled veteran.</p> <p>If you wish to discuss Synergy's Affirmative Action/Equal Employment Opportunity Policies and Procedures, please contact Synergy's Human Resources Department.</p>	
<b>TENNESSEE SMOKE FREE WORKPLACE</b>	
<p>Synergy is a smoke-free workplace in compliance with the Non-Smoker Protection Act, Tennessee Code Annotated 39-17-1801-1810.</p> <p>In accordance with the law and company policy, smoking is prohibited in enclosed areas of company property.</p>	

## SYNERGY SOLUTIONS EMPLOYMENT APPLICATION (cont.)

The following information is provided voluntarily and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment.

<b>STATEMENT ON HANDICAPPED PERSONS</b>		
<p>Section 503 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 prohibit discrimination against any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or who is regarded as having such an impairment. Declaration of a mental or physical handicap will protect your rights under the law, but will not act as a barrier to obtaining or continuance of employment.</p>		
I wish to declare myself as a handicapped person.	Yes	No
<b>STATEMENT OF VIETNAM ERA OR DISABLED VETERANS</b>		
<p>Section 2012 of the Vietnam Era Veterans Readjustment Act of 1974 requires Affirmative Action to employ and advance in employment qualified disabled and Vietnam Era veterans. A disabled veteran is a person entitled to disability compensation administered by the Veterans Administration. A veteran of the Vietnam Era is one who served on active duty for a period of 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge.</p>		
I qualify under the Vietnam Era Veterans Readjustment Act	Yes	No
If yes, indicate:	Veteran of the Vietnam Era	Disabled Veteran of the Vietnam Era
<p>Disabled Veteran (other than Vietnam)</p>		
<p>Physical Accommodations: Do you have any physical condition or handicap that may limit your ability to perform the job for which you are applying, or which may endanger the health and safety of others?</p> <p>Yes                      No</p>		
<p>If the answer to the above question is yes, please describe any special methods, skills, or procedures you would use to perform the job.</p>		
<p>You can assist us by describing the accommodations that we could make to enable you to perform the job properly and safely. Accommodations may include special equipment, changes in the physical layout of the work environment, and the elimination of certain duties related to the job.</p>		

## SYNERGY SOLUTIONS EMPLOYMENT APPLICATION (cont.)

### CONSENT AND SIGNATURE

I understand and agree that this application is not a contract and that acceptance of employment is not a contract of employment for a specified term. I understand and agree that I may resign my employment with Synergy at any time for any reason, and that my employment may be terminated at the will of Synergy at any time for any reason. I also understand that any handbooks, manuals, policies, and procedures maintained by Synergy are not contractual in nature and may be amended or abolished at the sole discretion of Synergy at any time.

Further, should I become an employee of Synergy, I will adhere to Synergy's Code of Ethics and Standards of Conduct, will report all suspected violations of law related thereto, and will conduct the company's business in a strictly ethical and legal manner.

Furthermore, I acknowledge that Synergy has established a Drug Free Awareness Program and that as a condition of employment with Synergy, I will abide by the terms of Synergy's Drug Free Policy and related management instructions. I will, in addition, obey all the laws of the United States and all countries, states, and nations where Synergy does business or seeks to do business.

Persons employed by Synergy have access to confidential information regarding various phases of Company business. Therefore, the Company follows the usual practice of requiring certain new employees at the time of employment to sign a Non-Disclosure/Confidentiality Agreement. I understand that I may be required to sign such an agreement as a condition of employment.

Pursuant to the Immigration Reform and Control Act, Synergy will employ only those individuals who are eligible to work in the United States. Accordingly, upon hiring, all new employees will be required to demonstrate their ability to work in the United States. Failure to do so will result in termination or revocation of the offer of employment.

The above information is true and correct. I understand that the hiring process will be terminated or in the event of my employment by the Company, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I certify that I have read, understand and will adhere to the aforementioned statements.

I authorize investigation of all statements contained herein and the references and employers listed above give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Print Applicant Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_