

AN EQUAL OPPORTUNITY EMPLOYER

FOR PROPER CONSIDERATION - ANSWER COMPLETELY

LAST Name		First	Middle	(Area Code)	TELEPHONE NUMBER
HOME ADDRESS (Number, Street, City, State & Zip Code)					
SOCIAL SECURITY NUMBER LAST 4 --		Today's Date	Date Available for Work		
POSITION DESIRED:					
EDUCATION	INDICATE HIGHEST GRADE COMPLETED: <input type="text"/>			GRADE	G.E.D. <input type="text"/>
	Name of School, City and State	No. of years attended	Course(s) of Study/Degree	Grade Point Average	
HIGH SCHOOL					
MILITARY TRAINING					
OTHER EDUCATION/ TECH. TRNG.					

Please include any other information you think would be helpful in considering you for employment such as: technical skills, school honors, scholarships, professional societies, activities, accomplishments or hobbies.

List full-time, cooperative, military or summer work experience you have had. Start with your most recent employment. USE ADDITIONAL SHEET IF NECESSARY			
Name and address of employer and Supervisor's name	Dates	Base Salary	Job Title(s), Duties, Reason for Leaving
	From	Start	
	To	End	
	From	Start	
	To	End	
	From	Start	
	To	End	
	From	Start	
	To	End	

How did you hear about The Miller Group? Newspaper Ad Referred by employee Other
 If referred by employee, give employee's name: _____

Do you have any relatives employed with The Miller Group? Please list: _____

Are you under 18? Yes No Please note that if employed by The Miller Group that a certified birth certificate and a picture ID will be required as proof of US citizenship.

Are you a U.S. citizen? Yes No

Are you currently an active duty Navy employee (civilian or military)? Yes No

Have you ever worked for The, Miller Group, M & W or Trident Civil ? Yes No If yes, give dates: _____

Do you now or have you ever held a U.S. Security Clearance? Yes No Type _____ Dates _____

Have you ever been convicted of a violation of any federal, state, county or municipal law regulation or ordinance? Yes No If yes, please list the date and place of the offense, charge and disposition. Include any convictions as the result of a court martial while in the military service. Do not include arrests without convictions or motor vehicle violations for which the only penalty imposed was a fine of \$25.00 or less. (The existence of a criminal record does not constitute an automatic bar to employment.)

PERSONAL REFERENCES

NAME KNOWN	ADDRESS	PHONE	RELATIONSHIP	HOW LONG
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

If employed, do you have reliable transportation? _____

I hereby certify that the answers and statements given by me in this application are correct without consequential omissions of any kind. I understand and agree that a false statement or omission constitutes sufficient cause for the withdrawal of any employment offer or my dismissal from any employment resulting from this application. I understand that employment by The Miller Group Co Inc is conditional upon the satisfactory completion of drug and alcohol abuse screening. I also understand that I may be required to take a physical examination at management's request in order to comply with contract requirements. I agree to undergo periodic medical examinations being made available to management. I also certify that I am not, nor have I been a member of any organization which advocates the overthrow of the government by force or violence. I authorize all persons and companies named above, excepting my present employer if so noted, to furnish any information regarding me, whether or not it is on the records, and hereby release them from all liability for damage of providing this information. I understand that if employed the company will maintain a restricted access personnel file, and a post-employment questionnaire will be included containing information needed to comply with EEO, benefit, OSHA and other employment requirements.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Job Title	SEND ACCESS LISTS TO	Pay Rate
Hired By:	Hire date:	Start date:
Supervisor:	Shift to work:	
Temp start date:	Full time immediately:	Yes _____ No _____

COMMENTS

Miller Group Companies, Inc.

EMPLOYMENT APPLICATION DISCLAIMER

The Miller Group is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that The Miller Group will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by The Miller Group, and I release from liability any person giving or receiving such information. The process of investigation may include a background check, and certain position are subject to a credit check. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If required by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information including the results of drug or alcohol abuse screening, which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with The Miller Group . I consent to take a medical examination by a qualified physician at the discretion of my employer.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.
5. I further understand that this is an application for employment and that no employment contract is being offered.
6. I understand that if I am employed, such employment is for no definite period of time and that The Miller Group change wages, benefits and conditions at any time.
7. I understand that if I am offered employment, The Miller Group participates in the E-Verify program and will provide the Social Security Administration and, if necessary, the Department of Homeland Security (DHS), with information from your completed I-9 Form.

I have read and understand the above:

Signature: _____ Date: _____

The Miller Group
An Equal Opportunity Employer
Applicant Voluntary Data Supplement

SELF IDENTIFICATION: The Miller Group wishes to comply with various laws and regulations which require us to file annual statistical reports on applicants for employment. Submission of this information by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. This supplement will be maintained separately from your application and personnel file.

NAME: (please print) _____ **DATE:** ___/___/___

POSITION FOR WHICH YOU ARE APPLYING: _____

APPLICANT'S SEX AND RACE:

Sex Classification

Male
 Female

EEO Classification

White Asian or Pacific Islander
 Black American Indian or Alaskan Native
 Hispanic