

APPLICATION FOR EMPLOYMENT

IDS is an Equal Employment Opportunity employer. It is against IDS policy for any employee to discriminate against an applicant for employment or another employee on the basis of race, color, and religious creed, sex (including pregnancy), age, marital status, sexual orientation, national origin, or any other classification protected by applicable discrimination laws. Furthermore, no employee of IDS is to discriminate against any applicant or fellow employee on the basis of a disability or status as a disabled veteran, veteran of the Vietnam era or other protected veteran.

Section 1 - General Information

Position(s) Applied for Annual Salary Req. Today's Date

Last Name First Name Middle Name

Address City State Zip Code

Phone Number SSN

How did you learn about us ?

Advertisement
 Employment Agency Current Employee (please specify)
 Other (please specify) Friend or Relative (please specify)

Have you ever been employed with us before? Yes No

If Yes, give date

Are you presently prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

(Proof of citizenship or lawful immigration status will be required upon employment).

On what date would you be available for work?

Which of the following are you available to work? Full Time Part Time
 On Call Temp

Are you available to work overtime? Yes No

Can you travel if your job requires it? Yes No

Section 2 - Clearance / Post Government Check List

Most of our positions require access to classified information. If you are applying for a position that requires such access, please provide information regarding any current / previous security clearance.

Clearance Level Date Expired

Have you recently separated or are you planning to separate from the Military or Government? Yes No

If you answered Yes to the previous question, please complete the remainder of this section.

List all contracts or other matters that could be a conflict of interest with your employment at IDS. Describe the Government contracts and/or matters and your participation.

Within the last year have you been in one of the following Government positions that involved either an award to, or administration of, a contract valued in excess of \$10,000,000 to IDS? (If Yes, check the appropriate boxes below). Yes No

- | | |
|--|---|
| <input type="checkbox"/> Chief of Financial or Technical Evaluation Team | <input type="checkbox"/> Administrative Contracting Officer |
| <input type="checkbox"/> Member of a Source Selection Board | <input type="checkbox"/> Deputy Program Manager |
| <input type="checkbox"/> Source Selection Authority | <input type="checkbox"/> Program Manager |
| <input type="checkbox"/> Procuring Contracting Officer | |

Did you make any of the following decisions within the last year ? (If Yes, check the appropriate boxes below). Yes No

Decision to award a contract to IDS for a value greater than \$10M

Decision to award a subcontract to IDS for a value greater than \$10M

Decision to award a contract modification to IDS for a value greater than \$10M

Decision to award a task order or delivery order to an IDS contract or contracts for a value greater than \$10M

Decision to approve issuance of contract payment(s) to IDS for a value greater than \$10M

Decision to pay or settle an IDS claim for a value

Yes No

If the answers to any of the above questions are affirmative, have you sought a Government legal opinion regarding the applicability of the 1-year compensation ban (41 U.S.C. 423(d)) and the representation ban (18 U.S. C. 207(a) through (e)) to you? If you have received such an opinion, please include a copy.

Section 3 - Education and Special Skills

School Type	School Name and Location	Did you graduate? If no, years completed	Degree or Certificate	Course of Study	Date Completed
High School					
College or University					
Graduate or Professional					
Other (Specify)					

List professional, trade, business or civic activities and offices held. *(You may exclude memberships which would reveal race, religion, sex, age, national origin, sexual orientation, family obligation, veteran status, disability or other protected status).*

List any training, publications, awards and language capabilities that will be helpful to us in considering your application for employment.

Section 4 - US Military Service

Have you served in the United States Armed Forces? Yes No

If Yes, please complete the following:

Branch Rank Service Dates To

Are you a member of the National Guard or Reserves? Yes No

Section 5 - Employment History

Employer Name Dates Employed
Employer Address From To
Supervisor's Phone Number Supervisor's Name
Position Supervisor's Title
Held
May we contact your current employer? Yes No

Duties and Responsibilities

Reason for Leaving

Section 5 - Employment History - (continued)

Employer Name	<input type="text"/>	Dates Employed	
Employer Address	<input type="text"/>	From	To
Supervisor's Phone Number	<input type="text"/>	Supervisor's Name	<input type="text"/>
Position Held	<input type="text"/>	Supervisor's Title	<input type="text"/>

Duties and Responsibilities

Reason for Leaving

Employer Name	<input type="text"/>	Dates Employed	
Employer Address	<input type="text"/>	From	To
Supervisor's Phone Number	<input type="text"/>	Supervisor's Name	<input type="text"/>
Position Held	<input type="text"/>	Supervisor's Title	<input type="text"/>

Duties and Responsibilities

Reason for Leaving

Section 5 - Employment History - (continued)

Employer Name	<input type="text"/>	Dates Employed	
Employer Address	<input type="text"/>	From	To
Supervisor's Phone Number	<input type="text"/>	Supervisor's Name:	<input type="text"/>
Position Held	<input type="text"/>	Supervisor's Title:	<input type="text"/>

Duties and Responsibilities

Reason for Leaving

Section 6 - References

Please provide the names of three former or current supervisors who can provide pertinent information as to your training, experience and capabilities for the position to which you are applying.

****Please note your references will be called at any point after submitting this application.**

Name	Position	Current Company	Previous Company (if applicable)	Phone

Section 7 - Applicant's Certification

I certify that my answers and statements on this application are correct and complete to the best of my knowledge.

I understand that my employment is conditional on my ability to produce the required documents to establish identity and authorization for employment in the United States.

I understand that all statements contained in this application for employment may be investigated, and I authorize such investigations. Further, I hereby release liability and hold harmless all persons and corporations supplying this information to Integrated Data Services, Inc. and/or its agents.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature.

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

I understand, also, that I am required to abide by all rules and regulations of the employer.

I acknowledge that this application in no way represents an employment contract.

Signature

Date

AFFIRMATIVE ACTION DATA RECORD

IDS is an Equal Employment Opportunity employer. It is against IDS policy for any employee to discriminate against an applicant for employment or another employee on the basis of race, color, and religious creed, sex (including pregnancy), age, marital status, sexual orientation, national origin, or any other classification protected by applicable discrimination laws. Furthermore, no employee of IDS is to discriminate against any applicant or fellow employee on the basis of a disability or status as a disabled veteran, veteran of the Vietnam era or other protected veteran.

As an employer with an Affirmative Action program, we comply with Government record-keeping, reporting, and other legal requirements. Periodic reports are made to the Government based on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Last Name

First Name

Middle Initial

Telephone Number(s)

Position Applied For

Voluntary Information:

Gender

Male

Female

Ethnic Origin

White

Native Hawaiian or Pacific Islander

Asian

Black or African American

Two or more Races

Hispanic or Latino

American Indian or Alaskan Native

You are invited to self identify as any of the following:

Vietnam Era Veteran

Disabled Individual

Other Protected Veteran

Specially disabled Veteran

Newly Separated Veteran

Individual with Disability

Not a Veteran

I do not wish to self identify

Armed Forces Service Medal Veteran