



## EMPLOYMENT APPLICATION

Please complete application, and submit along with a copy of your resume to [careers@armrsolutions.com](mailto:careers@armrsolutions.com)

The information requested herein is intended for use in evaluating your stated qualifications for employment and does not constitute, implied or otherwise an extension of employment offer. Please answer all questions completely and accurately. False or misleading statements made on this application or during an interview if granted, are grounds for denial of employment or, if discovered after employment, termination of employment.

All qualified applicants will receive consideration regardless of sex, marital status, race, age, religion, gender identity, sexual orientation, national origin, genetic history or disabilities. Should you be offered a position with ARMR Solutions, you will be required to undergo a background check which will include but is not limited to education verification, previous employment verification and professional reference checks. Additionally, if the position being offered requires a security clearance, you will be required to provide information for security clearance verification and crossover activities.

**Date of Application:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Are you willing to travel domestic or overseas:** \_\_\_\_\_

**Do you have an active security clearance:** \_\_\_\_\_

**Type/level/poly:** \_\_\_\_\_

**Are you a US Citizen** \_\_\_\_\_

Include your last 7 years of employment history, including any periods of unemployment lasting more than 30 days. Please start with your most recent employer. Incomplete information could disqualify you from further consideration.

**Company:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**May we contact your employer:** \_\_\_\_\_

Company: \_\_\_\_\_ phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact your employer: \_\_\_\_\_

Company: \_\_\_\_\_ phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact your employer: \_\_\_\_\_

Company: \_\_\_\_\_ phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact your employer: \_\_\_\_\_

Company: \_\_\_\_\_ phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact your employer: \_\_\_\_\_

*I authorize this company, its corporate affiliates, employees, authorized agents and representatives, including consumer reporting agencies/bureaus, to verify all information contained in my Application for employment. This disclosure and consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by ARMR Solutions.*

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## HR TO COMPLETE

Department Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department Contact:  
Email/Phone: \_\_\_\_\_

Type of verification Required:  
Education: \_\_\_\_\_ Professional: \_\_\_\_\_ Clearance: \_\_\_\_\_ Employment: \_\_\_\_\_