



Name: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**Note:** In order to determine your suitability for the position you seek, we need to gather and review important information. You can help us in the process by providing full and factual responses to the information requests and questions printed on this form. Please do not respond with any exaggerations, misstatements, or falsehoods. As noted below, we reserve the right to investigate job-related aspects of each applicant's background, and we also reserve the right to dismiss immediately any employee who intentionally provides inaccurate information to us. By the same token, and also as indicated below, do not infer that your provision of full, factual background information will ensure you of obtaining a position with us, or – if you accept an employment offer from us – that continued employment is guaranteed. Like all other similar companies of which we are aware, ours abides by the “at-will rule.” This means that, unless a specific written contract exists between us, you may resign your position at any time for any reason, state or unstated, without penalty, and our company has the same right, that is, to dismiss you at any time for any reason, stated or unstated, without penalty. This does *not* give the company the right (or even a desire) to act capriciously. We endeavor to fully abide by all applicable federal, state, and local employee rights statutes and regulations. We are proud to be an equal opportunity employer that recruits, hires, trains, promotes, and remunerates (in both pay and benefits) without regard to race, color, religion, national origin, gender identity, sexual orientation, current or prior military service, or disability.

**PRE-INTERVIEW COMMENTS:**

**DATE:**

**INTERVIEW COMMENTS:**

**DATE:**

**AN EQUAL OPPORTUNITY EMPLOYER  
M/F/H/V**

**\*\* NOTICE \*\***

NDI makes no representation that employment with the company represents lifetime security or a guarantee of continued employment. An individual's employment is “at will” and can be terminated whenever the company, in its judgment, deems that to be in its best interest. Employment may be terminated by the company because of unsatisfactory job performance, unsatisfactory attendance, for violation of company rules and policies, or because an individual's services become excess to the company's staffing needs. No employee, officer, or agent of NDI can modify the “at-will” nature of a person's employment by oral or printed statements, including, but not limited to handbooks or hire letters.





REFERENCES: Professional Colleagues

REFERENCES: Professional colleagues who are knowledgeable with respect to your qualifications. (Do not list relatives).					
NAME			EMPLOYER/POSITION	BUSINESS ADDRESS	BUSINESS PHONE NO.
FIRST	MI	LAST			
1					
2					
3					

OTHER: Your employment at NDI may require your obtaining and retaining a security clearance granted by a government agency.

Have you ever been granted a security clearance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever had a security clearance suspended, denied or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, indicate name of employer, date granted, granting agency, and level of clearance _____ _____	

LIST ANY ADDITIONAL INFORMATION YOU BELIEVE WE SHOULD CONSIDER WITH YOUR APPLICATION:


**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran or a veteran of the Vietnam Era, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

- HANDICAPPED INDIVIDUAL                       DISABLED VETERAN                       VIETNAM ERA VETERAN

SIGNED \_\_\_\_\_

**PLEASE READ THIS IMPORTANT INFORMATION BEFORE SIGNING THIS FORM. YOUR SIGNATURE BELOW MEANS YOU HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE STIPULATED CONDITIONS.**

By my signature below, I confirm that I have read, understand, and agree to the following stipulations.

1. By completing this application, I am doing nothing more than expressing my interest in working for the Company. This application is not an employment agreement either on my part or the Company's part, and no one may, under any circumstance, imply or infer differently.
2. Unless I enter into a specific written contract solely between myself and the Company, any position of the Company offers to me is subject to the "at-will rule," meaning that, if I am hired by the Company, either I or the Company could terminate the employee/employer relationship at any time, without notice or cause.
3. I personally guarantee that the information I have submitted via this application is accurate and complete. I understand that if the Company determines that any of my responses are intentionally false or misleading, the Company will immediately disqualify me from association with the Company (if I am employed by the Company at the time, that means my employment will be terminated).
4. I understand that by signing this form, I give the Company permission to investigate the accuracy of the information I submit and to perform other research into job-related aspects of my background. By signing this form I also authorize my former employers to provide information about my employment with them, and I specifically release them from all liability from damages that may result on account of their compliance with this authorization.

NOTICE: IF YOU DO NOT UNDERSTAND SOMETHING ABOUT ANY ELEMENT OF ANY OF THE FOUR STIPULATIONS, DO NOT SIGN THIS DOCUMENT. GET A SATISFACTORY EXPLANATION FIRST.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date