

NSP's policy, State and Federal law prohibit discrimination on the basis of age, ancestry, color, disability, marital status, medical condition, national origin, pregnancy, race, religion, sex, sexual orientation or veteran status. NSP complies with and will make reasonable accommodations in accordance with the Americans with Disabilities Act.

Please complete all spaces on the application accurately and fully even when employment history is supplemented by a resume. Type or print in ink. All information will be verified

Last Name		First Name		Initial	Social Security Number		Date	
Residence Address							Telephone ()	
Mailing Address (If Applicable)							Telephone ()	
Business Phone ()		Are you 18 years if age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If not a U.S. citizen, have you the legal right to remain permanently in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Other names under which you have been employed or attended school?								
Have you ever been convicted if a crime? If "yes", list date(s), offenses(s), and disposition(s). Convictions are not an automatic disqualification from employment.								
Emergency Contact (Optional)		Name			Address			Telephone ()
Do you have any experience from your military service that would be relevant to the job(s) for which you are applying? If yes, please explain:								
Position Desired or Area of Interest					Date Available		Salary Desired	
Type of Employment Sought: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Co-op <input type="checkbox"/> Temporary				When are you available to work? Days: _____ Hours: _____				
Have you ever applied at NSP before? If "yes", give date and position applied for. <input type="checkbox"/> YES <input type="checkbox"/> NO				Have you ever been employed by NSP? (Dates) (Position) <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name of relative(s) employed at NSP and relationship.								
How were you referred to NSP? <input type="checkbox"/> Advertisement <input type="checkbox"/> College University <input type="checkbox"/> Job Fair <input type="checkbox"/> Agency <input type="checkbox"/> NSP Employee <input type="checkbox"/> Self (mail in/walk in) <input type="checkbox"/> Other (please identify)								
EDUCATION								
SCHOOL OR INSTITUTION		NAME AND LOCATION		UNITS COMPLETED	COURSE AND MAJOR	DEGREES OR DIPLOMAS RECEIVED	DATES DEGREES OR DIPLOMAS RECEIVED	
High School								
Technical, Trade or Business College								
University or College								
College GPA	Undergrad: Overall:	Major:	Out of	MASTERS THESIS				
	Graduate: Overall:	Major:	Out of	DOCTORAL DISSERTATION				
ACHIEVEMENTS AND ACTIVITIES		Please list special skills, equipment knowledge, volunteer activity, languages, academic honors, publications or patents you feel are relevant to the position desired						
REFERENCES		Please provide names and contact information for two former managers and two colleagues, not related to you, whom we can contact for technical or business references, prior to an offer of employment						
NAME		BUSINESS RELATIONSHIP		CURRENT COMPANY / LOCATION		TELEPHONE NUMBER		

EMPLOYMENT HISTORY	Please fill out this page completely, listing current or most recent employment first. If applicable, please account for a minimum of ten years. You may use extra sheets to provide additional information if necessary.
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Name and Location of Organization			
Current or Last Position		Start Date: MO / YR	Finish Date: MO / YR
Hours Per Week	Starting Base Salary	Ending Base Salary	Type, amount and frequency of other compensation (e.g., commission, bonus, shift differential, overtime, stock, etc.)
Please describe your primary responsibilities			
If still employed, may we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor's name, title, and telephone number	
Reason for seeking alternate employment			

Name and location of Organization			
Last Position		Start Date: MO / YR	Finish Date: MO / YR
Hours Per Week	Starting Base Salary	Ending Base Salary	Type, amount and frequency of other compensation (e.g., commission, bonus, shift differential, overtime, stock, etc.)
Please describe your primary responsibilities			
Supervisor's name, title, and telephone number			
Reason for seeking alternate employment			

Name and location of Organization			
Last Position		Start Date: MO / YR	Finish Date: MO / YR
Hours Per Week	Starting Base Salary	Ending Base Salary	Type, amount and frequency of other compensation (e.g., commission, bonus, shift differential, overtime, stock, etc.)
Please describe your primary responsibilities			
Supervisor's name, title, and telephone number			
Reason for seeking alternate employment			

Read the following statements carefully before signing this application:

I certify that all statements I have made on this application or on my resume or other supplementary materials are true and correct. I hereby authorize NSP or its agents to investigate my background, to obtain information concerning my abilities and desirability as an employee, and to verify the accuracy of information provided by me. In connection with this investigation, I authorize my former employers, the references listed, and all other individuals and entities to give NSP or its agents any and all information concerning my previous employment, work performance and character. I release all such persons and entities, NSP and its agents from all claims and liabilities of any kind arising from any part of this investigation, the furnishing or use of this information. I also authorize NSP to release such employment information to its agents and employees who require such information to investigate or make a decision with respect to any matter pertaining to my employment. I acknowledge that any false statement or misrepresentation on this application, my resume, or supplementary materials will be cause for refusal o hire or for immediate termination of employment at any time during the period of my employment. I understand NSP regards certain information to be confidential and / or proprietary and will require me to execute a Confidentiality Agreement as a condition of employment.

I am in agreement with NSP's policy of equal opportunity employment which provides that all phases of employment are without regard to age, ancestry, color, disability, marital status, medical condition, national origin, pregnancy, race, religion, sex, sexual orientation or veteran status. I understand and agree that my employment is for no definite period and may, regardless of the date of interval of payment of my wages or salary, be terminated for any or no reason at any time without notice or obligation on the part of the company. I understand and agree this employment relationship may not be changed except by a written agreement specifically for such purpose signed by me and an officer of the company. This employment relationship shall not be affected or altered by any other employment policies or programs NSP may have or adopt. If hired, I would be able to submit proof of my legal right to work in the United States.

I have read and understand the foregoing statements and accept them as conditions of employment.

Signature: _____ Date: _____