



## Employment Application

The National White Collar Crime Center (NW3C) is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

In order to be considered for an employment opportunity with the NW3C, this employment application must be completed in its entirety. This form is a fillable PDF form. Please print all information, but signature legibly using blue or black ink.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the NW3C at 800/221-4424, extension 3330.

Applications must be returned to:

NW3C  
4905 Dickens Road  
Suite 106  
Richmond, VA 23230  
Attn: Human Resources

# PERSONAL

Last Name	First Name	Middle Initial	Social Security #
Other Name(s) Used			Home Telephone #
Address			Business or Message #
City	State	Zip	Email Address
Position Applying For			Salary Desired
Please tell us where you learned about this position. <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> NW3C's Website      Other _____			
Do you know any current NW3C employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who and your relationship with them.	
Have you ever been interviewed with the NW3C or it's affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s), and location(s)	

# EDUCATION

Choose highest grade completed:

High School       9       10       11       12

College, Trade, or Business       1       2       3       4

Graduate Studies \_\_\_\_\_

Schools Attended	Name & Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College / University			
Vocational, Business or Other			

Computer Skills (Hardware and Software)

Please use this space to elaborate on any background, experience, or qualifications which you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

Name:

Position Applied For:

List licenses, technical or professional certifications, or other authorizations to practice a trade or profession.

Type	License Number	Expiration Date	Granted By

List names, addresses, phone numbers and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship

## OTHER

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States?

Yes

No

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

Have you ever been in the Armed Forces?  Yes  No If yes, please provide the following information

Date Entered:

Date Discharged:

Honorable Discharge?

Yes

No

Have you ever been convicted for any violation(s) of law, including moving traffic violations?

If yes, please provide the following information.

Yes

No

Description of Offense:

Statute or Ordinance (if known):

Date of Offense:

County, City, and State of Offense:

For additional convictions, use plain paper.

Include all information above.

Name:

Position Applied For:

## EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From	Employer Name:	Supervisor Name:	Starting Salary:
Employed Until	Employer Address:	Supervisor Phone #	Ending Salary:
Job Title:		Reason for Leaving:	
Duties and Responsibilities:			

Employed From	Employer Name:	Supervisor Name:	Starting Salary:
Employed Until	Employer Address:	Supervisor Phone #	Ending Salary:
Job Title:		Reason for Leaving:	
Duties and Responsibilities:			

Name:

Position Applied For:

## EMPLOYMENT HISTORY continued

If this history page is not needed, please check N/A. This page **must** be returned to complete your application.

N/A

Employed From	Employer Name:	Supervisor Name:	Starting Salary:
Employed Until	Employer Address:	Supervisor Phone #	Ending Salary:
Job Title:		Reason for Leaving:	
Duties and Responsibilities:			

Employed From	Employer Name:	Supervisor Name:	Starting Salary:
Employed Until	Employer Address:	Supervisor Phone #	Ending Salary:
Job Title:		Reason for Leaving:	
Duties and Responsibilities:			

Name:

Position Applied For:

## EMPLOYMENT HISTORY continued

If this history page is not needed, please check N/A. This page **must** be returned to complete your application.

N/A

Employed From	Employer Name:	Supervisor Name:	Starting Salary:
Employed Until	Employer Address:	Supervisor Phone #	Ending Salary:
Job Title:		Reason for Leaving:	

Duties and Responsibilities:

Employed From	Employer Name:	Supervisor Name:	Starting Salary:
Employed Until	Employer Address:	Supervisor Phone #	Ending Salary:
Job Title:		Reason for Leaving:	

Duties and Responsibilities:

Name:

Position Applied For:

# GENERAL

Yes      No

           May we contact your current employer for references?

           Are you willing to accept employment that requires travel?

           Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

           Are you able to start work as soon as you give two (2) weeks notice? If no, when will you be able to start work? \_\_\_\_\_

# CERTIFICATION & AUTHORIZATION

I certify that the above information is true and correct. I understand that false or incorrect information in this application is grounds for disqualification of further consideration or for dismissal from employment, regardless of the time elapsed after discovery.

I authorize the NW3C to inquire of my educational, professional, and past employment references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the NW3C and will hold the NW3C and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the NW3C to obtain any credit and consumer check. I understand that upon an offer of employment, I will be required to successfully pass a drug test.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the NW3C is intended to create an employment contract between myself and the NW3C under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment is for an indefinite term, will be terminable at will, and may be terminated by me or the NW3C at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I understand that I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for completing this Employment Application and for your interest in the NW3C.*



# NATIONAL WHITE COLLAR CRIME CENTER AUTHORIZATION FOR DRUG TESTING

STATEMENT OF VOLUNTARY SUBMISSION FOR BLOOD AND URINE ANALYSIS TEST AND RELEASE OF FINDING AND INFORMATION TO THE NATIONAL WHITE COLLAR CRIME CENTER (NW3C).

I, \_\_\_\_\_, voluntarily agree to submit, as part of the employment process and at any time during my employment with the NW3C, to a blood and urine analysis by a doctor, medical center, hospital or other medically qualified personnel or agency.

Furthermore, I authorize the release of the results of those tests and any subsequent examination to the NW3C or any of its designated representatives.

By this authorization, I do hereby release any doctor, medical center, clinic or other facility related to such testing, as well as NW3C and any of its designated representatives from any and all liabilities arising from the release to or use by NW3C of the information derived from or contained in my test results.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# NATIONAL WHITE COLLAR CRIME CENTER AUTHORIZATION FOR RELEASE OF INFORMATION

**TO:** Any Doctor, Hospital, Medical Association, US Armed Forces, Maritime Service, Veterans Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at school (college, business, trade or high school), or

Any past or present employer, Credit Bureau or Retail Merchant's Association, Bank, Financial Institution, or any other Credit Extending Agency, or any other State, Federal, or City Agency or Municipality

I, \_\_\_\_\_, ( \_\_\_\_\_ )  
Name Maiden Name

Address \_\_\_\_\_  
Street / Road City / Town Zip

have applied for employment with the National White Collar Crime Center (NW3C). I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) upon presentation of this release or copy hereof.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

Armed Forces Service or Serial Number, if any: \_\_\_\_\_

Veterans Administration Claim Number, if any: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Given under my hand on \_\_\_\_\_

\_\_\_\_\_  
Signature (Sign before Notary ONLY)

State of \_\_\_\_\_, County/City of \_\_\_\_\_

This day, \_\_\_\_\_, personally appeared before me and acknowledged his/her signature to the above statement.

My Commission Expires On: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# NATIONAL WHITE COLLAR CRIME CENTER

## CONFIDENTIAL DATA SHEET

The National White Collar Crime Center is an equal opportunity employer. Pursuant to federal law and regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

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Check the box below for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians, and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American ( includes Pakistanis, Indians & Pacific Islanders)
- American Indian (includes Alaskans)

Check the appropriate box below:

- Male
- Female

Please indicate your date of birth: \_\_\_\_\_

Position applied for: \_\_\_\_\_