



VALBIN CORPORATION
Mission Readiness Support (MRS) Center
General Application Form for Simulation Exercise Role Players

E-mail this application to jobs@valbin.org or fax application with the required supporting documentation to 301-986-9009.

Date: _____ Position applying for: _____

Personal Information

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Nearest Airport (please list more than one): _____

Phone: _____

Other (cell phone, pager): _____

Email: _____

Gender: _____ Date of Birth (MM/DD/YY): _____

Nationality: _____ Social Security Number (SSN): _____

Emergency Contact Person(s) _____

Emergency Contact Phone Number: _____

Are you a US citizen? _____ No _____ Yes

If you are a non-US citizen, do you have a working permit? _____

Please submit a copy of your work authorization, social security card, green card, employment authorization card, U.S. passport or naturalization certificate in order for this application to be valid.

Have you applied with Valbin before? _____ No _____ Yes

If yes, please include date of last application: _____

Do you have Security Clearance? _____ No/Not active _____ Yes

If yes, by which agency? _____

Please provide clean copies of your working permit, driver's license, social security card and any other documentation along with this application form.

Drivers License #: _____ Drivers License State: _____

Please Email a jpeg copy of your ID photo or make sure your photo is taken during recruiting for your ID BADGE.

Thank you!



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UNIFORM SIZE

Jacket Size	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	XXL <input type="checkbox"/>
Pants	Waist	Length	Size		
Shirts	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	XXL <input type="checkbox"/>
SHOE SIZE					

Medical Background

Do you currently have Health Insurance? Y/N _____

If yes, please send supporting documentation showing you have health insurance.

Insurance Provider Policy #: _____

Current provider: _____

Insurance Provider Phone #: _____

Date of last physical (MM/DD/YY): _____

Any known allergies? _____

Any known medical conditions? If yes, please list:

Are you currently taking any medications? Please list:

GENERAL QUESTIONS

Are you available for short assignments during the years of 2011 and 2012?

Are you flexible to work with people of different ethnic backgrounds?

Would you be willing to repeat/renew your contract for other similar projects in 2011-12?



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Please list in the chart below the times you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please list below any dates you will NOT be able to work:

Educational Background & Language Ability

Educational Background (Circle all that apply)

- High School
- College/ University
- Graduate and Beyond

Native Language:

- English
- Spanish
- French
- German
- Russian
- Mandarin
- Farsi
- Other? Please list: _____
- Albanian
- Serbo-Croatian
- Arabic
- Kurdish
- Dari
- Pashto
- Urdu

If you checked above your native language, other than English, please answer the following:

How would you rate your knowledge of English (Beginning, Intermediate, Advanced, Fluent)?:

Please provide the following, if available: EIC SCORE: _____ TOEFL: _____
 Other documentation indicating your knowledge of English: _____

Professional & Military Experience:

Have you ever served in the Armed Forces? _____

If yes, what branch / rank of the military? _____

Please indicate the country and branch of service: _____

Have you participated before in Simulation Exercises for the Army? Y/N _____



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If please provide the dates, location, company in charge of exercise and what role(s) you played in the five most recent rotations below:

Dates	Location	Company	Role(s)

During a rotation did you ever serve as a Team Leader or Manager? _____

OTHER WORK EXPERIENCE

Do you have managerial experience or relevant certifications? _____

Please detail any prior work experience below:

Dates	Name & Address of Employer	Salary	Position	Reason for Leaving

Please submit a resume highlighting all your professional experience via e-mail at jobs@valbin.org or by fax to 301-986-9009.

Criminal Background

Have you ever been arrested? _____ If yes, for what crime? _____

Were you convicted? _____



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After you have completed the application form and have attached all supporting documentation required with this application, please sign below to verify that all the information submitted in and with this application is true and to the best of your knowledge. Any false information would automatically disqualify you from the final selection and may have you subject to violations of laws and regulations for providing false information to the U.S. Government. Any modification to the questions in this application will disqualify the applicant and can result in termination if already hired. In addition, by signing this application you agree and understand that your personal data maybe submitted for criminal and background checking prior to participating in any simulation exercises on U.S. military bases.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Rating of overall Qualifications

Rating Overall Attitude

100
90
80
70
60

100
90
80
70
60

Leadership Skills: _____

Language Skills: _____

Comments: _____

Possible Role Assignment: _____

CONSENT AND RELEASE OF LIABILITY

As a condition to being considered to perform services for Valbin Corporation (the “Company”), I understand that the Company will perform a background check consisting of a criminal history check and a prior residence check to be used solely for the purpose of evaluating whether to retain me to perform services for the Company. I understand that any offer to perform such services is contingent on the Company’s receipt and favorable evaluation of the background check report. Set forth below my signature is my social security number and date of birth to permit such background check to occur.

As a further condition to being considered to perform services for the Company, I agree to report to a laboratory or other testing facility or location designated by the Company and to provide at such laboratory an unadulterated sample of my urine, a blood sample, a hair follicle or such other sample as the Company may reasonably request for the purpose of testing for the presence of illegal or unauthorized drugs in my system. I understand that if my test results are positive, I will not be considered further to perform services for the Company.

Upon the Company’s request at any time while I perform services for the Company, I agree to report to a laboratory or other testing facility or location designated by the Company and to provide at such laboratory an unadulterated sample of my urine, a blood sample, a hair follicle or such other sample as the Company may reasonably request for the purpose of testing for the presence of illegal or unauthorized drugs in my system. I understand and agree that if at any time I refuse to submit to such test, or if I otherwise fail to cooperate with the testing procedures, my relationship with the Company will be subject to immediate termination. Further, I understand that positive test findings will result in the withdrawal of any offer to perform services or termination of such services if already begun. I authorize and give full permission to the laboratory or other testing facility to collect the specimens described in this consent and release, to conduct such testing and to release any and all documentation relating to such test to the Company.

I hereby release the Company, any entity performing the background check referred to herein, any laboratory or testing facility and any employees, agents, representatives, servants or affiliate thereof from any and all claims, causes of action, losses or liabilities that arise or result from, or relate to the background check referred to herein or the tests for illegal or unauthorized drugs authorized herein or the disclosure of their results, including claims under any federal, state, or local civil rights law, claims for defamation or invasion of privacy and claims relating to loss of contractual rights or any other kind of adverse action, regardless of any errors in the analysis, performance or administration of such background check or tests or the reporting of their results.

Name: _____

Signature _____

DOB: _____

Date _____

SSN: _____