



Employment Application for the Veterans Curation Program

COVID-19 safety protocol will be employed in the labs and may be updated during the session. Work is completed in the facility and remote work is not available at this time. As a federal contractor with more than 100 employees, New South requires proof of vaccination for all employees.

What upcoming session(s) are you applying for?

Spring/Summer (May - September)

Fall/Winter (November - March)

What location(s) are you applying for? (If multiple, indicate priority next to box, 1=most preferred)

Alexandria, VA

Augusta, GA

St. Louis, MO

San Mateo, CA

Personal Information

Full Name
(Including Middle Initial):

Current Street Address:

City:

State:

Zip:

Phone Number:

Personal E-Mail Address:

Have you ever used any other names? Yes No

If "Yes", please enter other names and dates of use:

Have you ever been convicted of a crime (other than minor traffic violations)? Yes No

If "Yes", please explain:

Are you legally eligible to work in the United States? Yes No

What date could you start work?

Military Experience

Branch of Service:

Address of Last Base:

Military Job Title:

Dates of Service:

Final Pay Grade / Rank:

Characterization of Discharge:

Work Experience

Most Recent Employer:

Name of Employer:
Address of Employer:
Name of Supervisor:
Job Title:
Dates Employed:
Ending Salary:
Reason for Leaving:

Previous Position:

Name of Employer:
Address of Employer:
Name of Supervisor:
Job Title:
Dates Employed:
Ending Salary:
Reason for Leaving:

Previous Position:

Name of Employer:
Address of Employer:
Name of Supervisor:
Job Title:
Dates Employed:
Ending Salary:
Reason for Leaving:

Education

Please list degrees/diplomas/certifications, date received or expected completion date, and school:

References

Please list two references, (professional references preferred) whose input would be relevant to work in the Veterans Curation Program. Include name, contact information (phone and/or e-mail address), and relationship (supervisor, coworker, etc.):

Reference 1: Name: _____ Phone: _____
Email: _____ Relationship: _____

Reference 2: Name: _____ Phone: _____
Email: _____ Relationship: _____

How did you hear about us?

- Past Technician (please specify):
 - Veterans Organization (please specify):
 - Other Organization (please specify):
 - School (please specify):
 - Other (please specify):
-

Please tell us a little more....

Please describe in a few sentences how you think the Veterans Curation Program can help you achieve your future goals.

DD-214

Please attach a Member 4 copy of your DD-214 with the following fields redacted: 3 (social security number), 23 (type of separation), 25 (separation authority), 26 (separation code), 27 (re-entry code), and 28 (narrative reason for separation). **DO NOT ALTER YOUR ORIGINAL COPY!** To redact the information, make a copy of your original, and use a black felt-tip marker (like a Sharpie™) to cover the information in those boxes. Then scan/photograph that version to attach to your application.

Signature

By digitally signing my name below, I certify that the information provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employment to continue to employ me in the future.

Signed:

Date:

Submit your application

Complete your application by clicking the Sign button below. If you were unable to upload your DD Form 214 Member 4 Copy above, please send your redacted copy via email to VCP Outreach Coordinator, Julianne Danna, at:

Email: VCPJobs@newsouthassoc.com

Questions? Please contact Julianne Danna at 443-620-3422.

New South Associates is an Equal Opportunity Employer

