



APPLICATION FOR EMPLOYMENT

-continued-

Veteran of U.S. Military service?  Yes  No If Yes, Branch: \_\_\_\_\_

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

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Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

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**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.**

Government contractors are subject to 38 USC 2012 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 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 to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual  Disabled Veteran  Vietnam Era Veteran

Signed: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

(1) Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Telephone (    )	Starting	Final	
Reason For Leaving			

(2) Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Telephone (    )	Starting	Final	
Reason For Leaving			

(3) Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Telephone (    )	Starting	Final	
Reason For Leaving			

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(4) Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Telephone (    )	Starting	Final	
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

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**EDUCATION**

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed: (Circle One)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities				

Honors Received:

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State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Application continues on next page

For Personnel Department Use Only	
Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks: _____ _____	
_____ Interviewer	_____ Date
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment: _____
Job Title: _____	Hourly Rate/ Salary: _____ Department: _____
By: _____ Name and Title	Date: _____

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APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-in
 Employment Agency  Other: \_\_\_\_\_

Name: \_\_\_\_\_
Last First Middle

Address: \_\_\_\_\_
Number Street City State Zip Code

Affirmative Action Survey

Check One (I):
 Male  Female

Check One (I) of the following:
Race/Ethnic Group:  White  Black  Hispanic
 American Indian/Alaskan Native  Asian/Pacific Islander

Check if any of the following are applicable:
 Vietnam Era Veteran  Disabled Veteran  Handicapped Individual



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**For Personnel Department Use Only**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title

NOTES: