

Indicate languages you speak, read, and/or write

Language	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).

Give name, address and telephone number of three references who are not related to you and are not previous employers:

NAME	ADDRESS	TELEPHONE NO.

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 disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, 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.

Disabled Individual
 Disabled Veteran
 Vietnam Era Veteran

Signed _____

What do you perceive your disability to be? _____

Employment Experience

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

1	Employer:	Telephone: ()	Date Employed		Work Performed
			From	To	
	Address:				
	Job Title:		Hourly Rate/Salary		
			Starting	Final	
Supervisor:					
Reason for Leaving:					
2	Employer:	Telephone: ()	Date Employed		Work Performed
			From	To	
	Address:				
	Job Title:		Hourly Rate/Salary		
			Starting	Final	
Supervisor:					
Reason for Leaving:					
3	Employer:	Telephone: ()	Date Employed		Work Performed
			From	To	
	Address:				
	Job Title:		Hourly Rate/Salary		
			Starting	Final	
Supervisor:					
Reason for Leaving:					
4	Employer:	Telephone: ()	Date Employed		Work Performed
			From	To	
	Address:				
	Job Title:		Hourly Rate/Salary		
			Starting	Final	
Supervisor:					
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

Education

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

Honors Received: _____

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

Applicant's Statement

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

For Personnel Department Use Only

Arrange Interview ___ Yes ___ No

Remarks: _____

Interviewer

Date

Employed: ___ Yes ___ No Date of Employment _____

Job Title: _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date

