

Veteran of the 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 memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

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

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 Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, a 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 which 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 _____

Employment Experience

Start with your present or last job. Include military service assignment and volunteer activities. You may exclude organization names which indicate, race, color, religion, gender, national origin, handicap or other protected status.

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

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed/Degree	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, Skill 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 answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

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 employer.

Signature of Applicant

Date

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

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