

Have you ever been convicted for any type of crime? Yes No

If yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Veteran of the U S military service? Yes No If yes, Branch _____

Do you have any physical, mental or medical impairment
Or disability that would limit your job performance
For the position for which you are applying? Yes No

If yes, please explain _____

Are there workplace accommodations which would
Assure better job placement and/or enable you to
Perform your job to your maximum capability? Yes No

If yes, please indicate _____

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

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
(Exclude those which indicate race, color, religion, sex or national origin): _____

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

1. _____
2. _____
3. _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to Section 402 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 accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive 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 assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates From	Employed To	Work Performed
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates From	Employed To	Work Performed
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates From	Employed To	Work Performed
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates From	Employed To	Work Performed
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 (Circle)	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 Train- ing, Apprentice- Ship, Skills and Extra-Curricular Activities																	

Honors Received:

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

Agreement

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 form employment as may be necessary in arriving at an employment decision. I understand that this application is not and 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

For Personnel Department Use Only			
Arrange Interview	Yes	No	
Remarks			
Employed	Yes	No	Date of Employment
Job Title	Hourly Rate/Salary		Department
Ordered By			Date

