



Are you a Veteran of the U.S. military service?  Yes  No If Yes, Branch: \_\_\_\_\_

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 number of three references who are not related to you and are not previous employers.

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

**Special Employment Notice to Disabled Veterans, Vietnam Era Veteran, 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 accommodation 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 Employed From                      To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting                      Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed From                      To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting                      Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed From                      To		Work Performed
Address			
Job Title	Hourly Rate/Salary Starting                      Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed From                      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 Training, Apprenticeships, Skills or Extra Curricular Activities:				

Honors Received:

---

State any additional information you feel may be helpful to us in considering your application. If you need additional space, please continue on a separate sheet of paper.

### 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 for 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 \_\_\_\_\_

By \_\_\_\_\_  
 Name and Title Date