

Veteran of the U. S. Military Service? Yes No If Yes, Branch _____

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or nation 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 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 _____

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	Telephone	Dates Employed		Work Performed	
			To	From		
	Address					
	Job Title		Hourly Rate			
			Starting	Final		
	Supervisor					
	Reason For Leaving					
2	Employer	Telephone	Dates Employed		Work Performed	
			To	From		
	Address					
	Job Title		Hourly Rate			
			Starting	Final		
	Supervisor					
	Reason For Leaving					
3	Employer	Telephone	Dates Employed		Work Performed	
			To	From		
	Address					
	Job Title		Hourly Rate			
			Starting	Final		
	Supervisor					
	Reason For Leaving					
4	Employer	Telephone	Dates Employed		Work Performed	
			To	From		
	Address					
	Job Title		Hourly Rate			
			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				
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 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 for 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	<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 _____ Dept. _____
	By _____
	Name and Title Date