

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color religion, gender, national origin, handicap or other protected status.

Employer:		Dates Employed		Describe Work Performed
		From	To	
Address:				
Telephone Number's		Hourly Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer:		Dates Employed		Describe Work Performed
		From	To	
Address:				
Telephone Number's		Hourly Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer:		Dates Employed		Describe Work Performed
		From	To	
Address:				
Telephone Number's		Hourly Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer:		Dates Employed		Describe Work Performed
		From	To	
Address:				
Telephone Number's		Hourly Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

Job Related Skills NOTE: do not fill out any part of this section you believe to be not related.

List languages in which you are fluent. _____

Yes No If the job requires, do you have the appropriate valid drivers license?
DL# _____ Type _____ State of issue _____

Yes No Have you had any moving violations? If yes, please describe. _____

Please list professional licensure or certifications that may be job related or that you feel would be of value to the job or company. _____

Yes No Can you perform the requirements of this job without accommodation?
If no, please explain accommodations needed on back page.

References Include only individuals familiar with your work ability such as previous supervisors or managers. Do not include relatives.

Name	Address/Phone	Years Known/Relationship
1.		
2.		

Please Print

Date: _____

Position(s) applied for: _____

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected reason.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this survey is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this survey is optional. If you choose to volunteer the requested information please note that all Records are kept in a Confidential file and are not a part of your application for Employment of personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security No.: _____ - _____ - _____

Current job: _____

Check one: Male Female

Check one of the following:

White Hispanic American Indian/Alaskan Native

Black Other Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

Birthdate: _____

