

Give name, address and telephone number of three (3) 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, 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 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: _____

EDUCATION

Name and Address Of School	Course of Study	Years Completed	Diploma or Degree
Elementary School	!	!	!
High School	!	!	!
Undergraduate	!	!	!
Graduate Professional	!	!	!

ADDITIONAL INFORMATION

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

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

1. EMPLOYER _____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _\$ _____ FINAL: _\$ _____

Work Performed: _____

2. EMPLOYER _____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _\$ _____ FINAL: _\$ _____

Work Performed: _____

3. EMPLOYER _____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _\$ _____ FINAL: _\$ _____

Work Performed: _____

4. EMPLOYER _____ TELEPHONE: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM: _____ TO: _____

HOURLY RATE/SALARY: STARTING: _\$ _____ FINAL: _\$ _____

Work Performed: _____

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.

