



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: \_\_\_\_\_

---

### 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.