

VOLUNTARY APPLICANT DATA

<<Company>> is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, <<Company>> invites applicants to voluntarily self-identify their race/ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Date: _____ Position applied for: _____

Name: _____

Referral Source: _____ Advertisement (print) _____ Employee Referral _____ Walk-in
_____ Employment Agency _____ Internet (specify site) _____ Other _____

VOLUNTARY SURVEY AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants.
This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following Race / Ethnic Group: White Black Hispanic Other
 American Indian / Alaskan Native Asian / Pacific Islander

Check if any of the following are applicable: Vietnam Era Veteran Disabled Veteran Handicapped Individual

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant _____

AT WILL EMPLOYMENT POLICY

IN THE EVENT THAT THE APPLICANT AGREES TO ACCEPT A POSITION WITH THE COMPANY, THE APPLICANT AND THE COMPANY AGREE THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYEE IS AN AT WILL RELATIONSHIP AND THAT THE EMPLOYMENT RELATIONSHIP AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR THE EMPLOYEE.

SIGNED: _____ DATE: _____

Applicants authorized signature

This application For Employment Form is sold for general use throughout the United States. BFC Forms Service, Inc. assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PERSONAL

Date: _____

Name _____ Social Security No. _____

Address _____

How did you learn about us? Advertisement Friend Walk-In Employment Agency Relative Other _____ Telephone No. () _____

Position(s) applied for 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

Do you want to work Full-Time or Part-Time? Specify days and hours if part time _____

Have you worked for us before? _____ If yes, when? _____

List any friends or relatives working for us. _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for workk with the Company?

Are you currently employed?

May we contact your present employer? YES NO

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony within the past 7 years? YES NO
(Conviction will not necessarily disqualify applicant from employment)

If yes, describe in full _____

Person to be notified in case of accident or emergency

Phone Number _____ Name _____

Relationship _____ Address _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	How Many Years Attended	Graduated	COURSE OR MAJOR
GRAMMAR OR GRADE				
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
POST GRADUATE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS OR TRADE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

MILITARY SERVICE RECORD

Have you ever been in the armed forces? Yes No If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____

What were your duties in the service? (include special training and duty station) _____

Have you had any schooling under the G.I. Bill of Rights? If yes, describe _____

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 _____

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

Name and Occupation	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did.						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did.						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did.						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did.						

May we contact the employers listed above? _____ If not, indicate below the one(s) you do not wish us to contact.
