

Education

	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location	_____	_____	_____
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree	_____	_____	_____
Date Graduated	_____	_____	_____
Describe Course of Study	_____	_____	_____

Describe any special training, apprenticeship, skills, and extra-curricular activities. _____

Describe any honors you have received. _____

State any additional information you feel may be helpful to us in considering your application.

List professional, trade, business, or civic activities and offices held. _____

References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

VOLUNTARY INFORMATION

In the attempt to judge the effectiveness of our Affirmative Action recruitment efforts, we request that you provide the following information. This information will, in no way, be used in the decision to hire or promote.

Sex: <input type="checkbox"/> Male Date of Birth: _____ <input type="checkbox"/> Female
Race: (indicate): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic
How did you learn of this vacancy? _____

NONDISCRIMINATION ON THE BASIS OF DISABILITY

“Qualified individuals with disabilities... shall not solely by reason of their disability be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity” (Section 5.04 of Rehabilitation Act of 1973, 29 U.S.C. 706(8), 794. In accordance with the preceding and Section 1630.4, EEOC Americans with Disabilities Act Employment Regulations, we invite applicants for employment to indicate whether and to what extent they are disabled. The following information is intended for use solely in connection with our employment record keeping efforts, and is to be provided on a voluntary basis. It will be kept confidential and it will be used only in accordance with the applicable laws. Refusal to provide it will NOT subject you to any adverse treatment.

In accordance with EEOC Americans with Disabilities Act Employment Regulations, 1630.2(g) and Section 504 of the Rehabilitation Act of 1973, a “Disabled Person” means any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

Please check the appropriate box:

- I feel I **DO** qualify as an individual with a disability. I **DO NOT** qualify as an individual with a disability

What special assistance/modification would help you compete in the employment process? (For example: sign language interpreter, special aids reader or writer, etc.) _____

You may be required to provide us with written verification from a doctor, rehabilitation counselor or other authorized person confirming your disability and indicating a reasonable accommodation.