



**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_  
NAME LOCATION  
YEARS ATTENDED \_\_\_\_\_ GRADUATED \_\_\_\_\_  
SUBJECTS STUDIED \_\_\_\_\_

COLLEGE: \_\_\_\_\_  
NAME LOCATION  
YEARS ATTENDED \_\_\_\_\_ GRADUATED \_\_\_\_\_  
SUBJECTS STUDIED \_\_\_\_\_

OTHER SCHOOLING \_\_\_\_\_  
NAME LOCATION  
YEARS ATTENDED \_\_\_\_\_ GRADUATED \_\_\_\_\_  
SUBJECTS STUDIED \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Please begin with present or most current employer.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ to \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

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COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ to \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

SALARY \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

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COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ to \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

SALARY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

# AFFIRMATIVE ACTION SURVEY

Applicants are considered for all positions, and employees are treated during employment without regard to race, color or creed, religion, sex, marital status, national origin, ancestry, age, handicap, status as a disabled or Vietnam-era veteran, status with regard to public assistance, or affectional preference.

As an employer/government contractor, we comply with governmental regulations and affirmative action responsibilities.

To assist with government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey. Providing this information is voluntary and refusal to provide information will not have a negative effect on your status as an applicant.

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PLEASE PRINT

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Check One:  Male  Female

Referral Source:

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Employment Agency Referral | <input type="checkbox"/> Job Service  | <input type="checkbox"/> Walk In     |
| <input type="checkbox"/> Employee Referral          | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> College Referral           |                                       |                                      |

Check one of the following Race/Ethnic Group:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> White                          | <input type="checkbox"/> Black                  | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |                                   |

Check if any of the following are applicable:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Handicapped Individual |
|--|---|---|