

Do you have any physical, mental or medical impairment or disability that would limit your job performance in the position for which you are applying? Yes No

If yes, please explain. _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

If yes, please indicate. _____

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

(Exclude those which indicate race, color, religion, sex, national origin, age, handicap, marital status, sexual orientation, or political affiliation or belief).

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

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, national origin, age, handicap, marital status, sexual orientation, or political affiliation or belief. You may attach a resume to supplement, the information requested below. Failure to provide all of the requested information may, however, result in the disqualification of your application. If you need additional space, please continue on a separate sheet of paper.

Employer	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate or Annual Salary Starting Final		
Supervisor	Phone		
Reason for leaving			
Employer	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate or Annual Salary Starting Final		
Supervisor	Phone		
Reason for leaving			
Employer	Dates Employed From To		Work Performed
Address			
Job Title	Hourly Rate or Annual Salary Starting Final		
Supervisor	Phone		
Reason for leaving			
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Address			
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