



Are you a Veteran of U.S. Military service? \_\_\_ Yes \_\_\_ No If Yes, branch \_\_\_\_\_

Indicate languages you speak, read, and/or write.

|       | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK |        |      |      |
| READ  |        |      |      |
| WRITE |        |      |      |

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, or national origin): \_\_\_\_\_

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

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**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 Veteran's Readjustment Act of 1974 which requires that they take affirmative action to employ an 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 \_\_\_\_\_  
Your Signature

# 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 or national origin.

|                    |                  |                |       |                |
|--------------------|------------------|----------------|-------|----------------|
| Employer           | Telephone<br>( ) | Dates Employed |       | Work Performed |
|                    |                  | From           | To    |                |
| Address            |                  |                |       |                |
| Job Title          |                  | Hourly Rate    |       |                |
|                    |                  | Starting       | Final |                |
| Supervisor         |                  |                |       |                |
| Reason for Leaving |                  |                |       |                |
| Employer           | Telephone<br>( ) | Dates Employed |       | Work Performed |
|                    |                  | From           | To    |                |
| Address            |                  |                |       |                |
| Job Title          |                  | Hourly Rate    |       |                |
|                    |                  | Starting       | Final |                |
| Supervisor         |                  |                |       |                |
| Reason for Leaving |                  |                |       |                |
| Employer           | Telephone<br>( ) | Dates Employed |       | Work Performed |
|                    |                  | From           | To    |                |
| Address            |                  |                |       |                |
| Job Title          |                  | Hourly Rate    |       |                |
|                    |                  | Starting       | Final |                |
| Supervisor         |                  |                |       |                |
| Reason for Leaving |                  |                |       |                |
| Employer           | Telephone<br>( ) | Dates Employed |       | Work Performed |
|                    |                  | From           | To    |                |
| Address            |                  |                |       |                |
| Job Title          |                  | Hourly Rate    |       |                |
|                    |                  | Starting       | Final |                |
| Supervisor         |                  |                |       |                |
| Reason for Leaving |                  |                |       |                |

If you need additional space, please continue on a separate sheet of paper using the same format.

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

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# Education

|   | Elementary | High       | College/University | Graduate/Professional |
|---|------------|------------|--------------------|-----------------------|
| School Name   |            |            |                    |                       |
| Years Completed (Circle)  | 4 5 6 7 8  | 9 10 11 12 | 1 2 3 4            | 1 2 3 4               |
| Diploma/Degree  |            |            |                    |                       |
| Describe Course of Study  |            |            |                    |                       |
| Describe Specialized Training, Apprenticeship, Skills and Extra – Curricular Activities |            |            |                    |                       |

Honors Received: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Community Coalition on Homelessness.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_

Salary \_\_\_\_\_ By \_\_\_\_\_

Name and Title

Date