

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST, FIRST)			SOCIAL SECURITY NO.	
MAILING ADDRESS	CITY	STATE	ZIP CODE	
STREET ADDRESS	CITY	STATE	ZIP CODE	
PHONE NO.	REFERRED BY			
Are you related by blood or marriage to a director or employee of this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If the answer to the question above is "yes", please list the director or employee:				

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

(CONTINUED ON OTHER SIDE)

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1			
2			
3			

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

DATE _____

SIGNATURE _____

Please complete and submit the attached Application Background Questionnaire, OMB No. 1225-0072, with your application. Submission of this form is optional. Data collected will be used only in the aggregate, to assess the effectiveness of outreach efforts. Consideration for this job will not be affected by failure to submit the form.

U.S. DEPARTMENT OF LABOR FORM APPROVED

OMB No. 1225-0072

APPLICANT BACKGROUND QUESTIONNAIRE (Exp. 11-30-2003)

<p>The U.S. Department of Labor is requesting your completion of this form to assist the agency in evaluating and improving its efforts to publicize job openings and to encourage applications for employment from a diverse group of qualified candidates, including minorities and persons with disabilities. The Department will use the data you supply to determine how many applicants are from different groups and how many of these applicants are qualified for the job in question. The Department will then assess the effectiveness of specific outreach efforts and means of communicating information on job vacancies in light of this information.</p> <p>EFFECTS OF NONDISCLOSURE: Providing the information requested on this form is voluntary. This information will have no effect on hiring decisions.</p> <p>Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.</p>	<p>Information provided on this form will be used for program evaluation. Personal identifying information will not be included in the tabulation of data in the DOL database.</p> <p>The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Human Resource Services Center, FPB, Washington, D.C. 20210; and the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.</p> <p>Solicitation of this information is in accordance with 5 CFR Section 720, "Federal Equal Opportunity Recruitment Program" (FEORP).</p>
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PLEASE COMPLETE THE FOLLOWING:

<p>Name:</p>	<p>Do you have a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If You checked "Yes" above, is your disability one of the targeted disabilities listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blind Deaf Missing Extremity(s) Partial Paralysis Complete Paralysis Convulsive Disorder Mental Retardation Mental Illness Genetic or physical condition affecting limbs or spine</p>
<p>Sex:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	
<p>Title, Grade, and Announcement Number Of Position for which applying:</p>	

ETHNIC SELF-IDENTIFICATION

Are you Hispanic, Latino, or of Spanish Origin? (Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes No

RACE SELF-IDENTIFICATION

Please read the descriptions, then mark one or more races to indicate what you consider yourself to be.

American Indian or Alaska Native --- A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian --- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American --- A person having origins in any of the black racial groups of Africa.

Native Hawaiian or --- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Other Pacific Islander Islands.

White --- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SOURCE OF INFORMATION ABOUT THIS VACANCY: (Check all that apply)

- 1. Magazine
- 2. Newspaper
- 3. Radio/Television Broadcast
- 4. Agency Personnel Office
- 5. State Employment Office
- 6. Government Recruitment at School

- 7. Federal, State, or Local Job Info. Center
- 8. Friend or Relative Working for the Agency
- 9. Internet
- 10. Federal/DOL Jobsline
- 11. Other