

**APPLICATION FOR EMPLOYMENT**

Company Name: **MARK TWAIN REDI MIX**(An Equal Opportunity Employer)

Street Address: **P.O. BOX 430**

City, State, Zip Code: **HANNIBAL, MO 63401**

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

Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

\*Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Applying for \_\_\_\_\_ Temporary \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Names of any relatives employed by this company \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving your last employment? \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

**GENERAL**

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Have you ever worked for this company under another name? \_\_\_\_\_ If so, under what name? \_\_\_\_\_

During any previous employment, have you ever tested positive for drugs &/or alcohol \_\_\_\_\_

**DRIVER EXPERIENCE & QUALIFICATION**

Answer the questions in this section only if applying for a driver position. Date of Birth \_\_\_\_\_. The U.S. Department of Transportation requires that driver applicants state their date of birth 391.21(b)(2). Social Security No. \_\_\_\_\_

## PHYSICAL HISTORY

The U.S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive a motor carrier. FMCSR 391 Subpart E. Date of last Department of Transportation physical examination \_\_\_\_\_

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? \_\_\_\_\_ Yes \_\_\_\_\_ No

### DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this section only if applying for driver position.

#### Licenses

Driver Licenses held in past 3 years must be shown	State	License No.	Type & Endorsements	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to A, B, C, attach a statement giving details.

#### Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List safe driving awards held and who awards were presented by? \_\_\_\_\_

#### Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

#### Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

## EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21(b) (10), (11).

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer		Supervisor's Name	
Address:		Phone:	
Position Held:	From:	To:	Salary:
Reason For Leaving:			

Previous Employer		Supervisor's Name	
Address:		Phone:	
Position Held:	From:	To:	Salary:
Reason For Leaving:			

Previous Employer		Supervisor's Name	
Address:		Phone:	
Position Held:	From:	To:	Salary:
Reason For Leaving:			

Previous Employer		Supervisor's Name	
Address:		Phone:	
Position Held:	From:	To:	Salary:
Reason For Leaving:			

Previous Employer		Supervisor's Name	
Address:		Phone:	
Position Held:	From:	To:	Salary:
Reason For Leaving:			

Previous Employer		Supervisor's Name	
Address:		Phone:	
Position Held:	From:	To:	Salary:
Reason For Leaving:			

Previous Employer		Supervisor's Name	
Address:		Phone:	
Position Held:	From:	To:	Salary:
Reason For Leaving:			

### MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work \_\_\_\_\_

#### JOB FUNCTION

Indicate training and experience in the following: Experience	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up			Electrical		
And Rebuild			Repair		
Gas Engine Tune-up			Frame and		
and Rebuild			Wheel Alignment		
Tire Service			Brakes		
			Cooling		
Trailer Repair			System		
			Inspections		
Air Conditioning			General Car Repair		

#### SHOP EQUIPMENT

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
			Tire Servicing Machine		
Electrical Diagnostic Equipment			Wheels & Tire Balancing Machine		
			Tire Recapping		
Sheet Metal Equipment			Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding Equipment			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
			Inspections		
Air Conditioning			General Car Repair		

### CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work \_\_\_\_\_

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Formal Training (Check)	Years of Experience
Typing (wpm)			Dictating Machine	
Shorthand (wpm)			Bookkeeping Machine	
Billing			Switchboard Equipment (indicate type)	
Filing				
Computers (indicate software)			Tabulator	
Word Processing Equipment			Accounting	
Key Punch			OS & D	
Calculator			Interline	
Adding Machine			Claims	
Telecopier			Cashier	
Photocopier			Dispatcher	

**PLATFORM EXPERIENCE & QUALIFICATIONS**

List types of platform experience and number of years of each \_\_\_\_\_

List platform equipment you can operate (lift truck, etc.) \_\_\_\_\_

List courses or training in platform work \_\_\_\_\_

**APPLICANT MUST READ & SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

(GA & KS) - I understand that, as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period, and without cost to the employer, a copy of my motor vehicle record.

(MA) - "An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissions or probation may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

(MD) - "AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, AND EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100." \_\_\_\_\_ Signature.

(PA) - I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Records.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

**FOR OFFICE USE - DO NOT WRITE IN THIS SPACE  
PROCESS RECORD**

Applicant Hired? \_\_\_\_ Yes \_\_\_\_ No Date of Birth \_\_\_\_\_ (month/day/year)  
 Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_  
 Department \_\_\_\_\_ Classification \_\_\_\_\_  
 (If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

\* Driver applicants only

Signature of Interviewing Officer \_\_\_\_\_ Date \_\_\_\_\_

**TRANSFERS**

From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for

Transfer: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_ Department Released

From \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily Quit \_\_\_\_\_ Other \_\_\_\_\_

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Termination Report Placed in File \_\_\_\_\_ Supervisor

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**Request For Information From Previous Employer**

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Mailed \_\_\_\_\_ Fax \_\_\_\_\_ Called \_\_\_\_\_  
Date of Second Request \_\_\_\_\_  
Comments: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_, Social Security # \_\_\_\_\_ has made application to this company for a position as a driver and states that he/she was employed by you from \_\_\_\_\_ to \_\_\_\_\_. Will you kindly reply to the inquiry below concerning this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by mail, enclosed is a stamped self-addressed envelope.

Sincerely \_\_\_\_\_ Position \_\_\_\_\_

1. Is employment record with your company correct as stated above? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what are the correct dates? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

2. What kind(s) of work did he/she do? \_\_\_\_\_

If driver, what type of equipment did he/she drive? Car \_\_\_\_\_ Bus \_\_\_\_\_ Semi \_\_\_\_\_ Straight truck \_\_\_\_\_ Other \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

If semi, type of trailer? Van \_\_\_\_\_ Reefer \_\_\_\_\_ Flatbed \_\_\_\_\_ Tanker \_\_\_\_\_ Other \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

3. How many miles did the driver drive per month? \_\_\_\_\_ Team \_\_\_\_\_ Single \_\_\_\_\_

4. Did the driver have a problem making required pickups and deliveries on time? Yes \_\_\_\_\_ No \_\_\_\_\_

5. How many Cargo Claims (if any)? \_\_\_\_\_ Damage \_\_\_\_\_ Shortage \_\_\_\_\_ Other \_\_\_\_\_

6. Did the driver have a problem with advances? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Did he/she sustain any job related injuries that affected his/her driving ability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give dates and nature of each injury \_\_\_\_\_

8. Give dates and nature of accidents in which he/she was involved. \_\_\_\_\_

9. Reason for leaving your employment? Discharged \_\_\_\_\_ Lay-off \_\_\_\_\_ Resigned \_\_\_\_\_

10. Would you re-employ? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

11. Please provide data of positive alcohol and controlled substances test results, or indicate that the individual was not subject to the federal testing requirements.

Subject to federal testing requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Positive Alcohol Test (0.04 or greater): Data \_\_\_\_\_ Check here if not applicable \_\_\_\_\_  
Positive Controlled Substances: Data \_\_\_\_\_ Check here if not applicable \_\_\_\_\_

Did the driver ever refuse to be tested? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type of test did he/she refuse: Alcohol \_\_\_\_\_ Controlled Substance \_\_\_\_\_

If above test(s) were positive, was driver evaluated by a Substance Abuse Professional (SAP)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, did the SAP determine that assistance/treatment is required? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, did the driver complete the treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Data \_\_\_\_\_ Name of Company \_\_\_\_\_

Signature of person supplying information \_\_\_\_\_ Position \_\_\_\_\_

**WAIVER/CONSENT/RELEASE FORM**

Former Employer: \_\_\_\_\_ Date: \_\_\_\_\_

You are hereby authorized to release all information regarding my past alcohol and controlled substance test results, services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information whether same is of record or not.

Applicant's Signature: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_

**Request For Information From Previous Employer**

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Mailed _____ Fax _____ Called _____
Date of Second Request _____
Comments: _____

Mr./Mrs./Ms. \_\_\_\_\_, Social Security # \_\_\_\_\_ has made application to this company for a position as a driver and states that he/she was employed by you from \_\_\_\_\_ to \_\_\_\_\_. Will you kindly reply to the inquiry below concerning this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by mail, enclosed is a stamped self-addressed envelope.

Sincerely \_\_\_\_\_ Position \_\_\_\_\_

=====

- Is employment record with your company correct as stated above? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what are the correct dates? From \_\_\_\_\_ to \_\_\_\_\_
- What kind(s) of work did he/she do? \_\_\_\_\_  
If driver, what type of equipment did he/she drive? Car \_\_\_\_\_ Bus \_\_\_\_\_ Semi \_\_\_\_\_ Straight truck \_\_\_\_\_ Other \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
If semi, type of trailer? Van \_\_\_\_\_ Reefer \_\_\_\_\_ Flatbed \_\_\_\_\_ Tanker \_\_\_\_\_ Other \_\_\_\_\_  
Other (please specify) \_\_\_\_\_
- How many miles did the driver drive per month? \_\_\_\_\_ Team \_\_\_\_\_ Single \_\_\_\_\_
- Did the driver have a problem making required pickups and deliveries on time? Yes \_\_\_\_\_ No \_\_\_\_\_
- How may Cargo Claims (if any)? \_\_\_\_\_ Damage \_\_\_\_\_ Shortage \_\_\_\_\_ Other \_\_\_\_\_
- Did the driver have a problem with advances? Yes \_\_\_\_\_ No \_\_\_\_\_
- Did he/she sustain any job related injuries that affected his/her driving ability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give dates and nature of each injury \_\_\_\_\_
- Give dates and nature of accidents in which he/she was involved. \_\_\_\_\_
- Reason for leaving your employment? Discharged \_\_\_\_\_ Lay-off \_\_\_\_\_ Resigned \_\_\_\_\_
- Would you re-employ? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_
- Please provide data of positive alcohol and controlled substances test results, or indicate that the individual was not subject to the federal testing requirements.  

Subject to federal testing requirements?	Yes _____	No _____
Positive Alcohol Test (0.04 or greater):	Data _____	Check here if not applicable _____
Positive Controlled Substances:	Data _____	Check here if not applicable _____
Did the driver ever refuse to be tested?	Yes _____	No _____
If yes, what type of test did he/she refuse:	Alcohol _____	Controlled Substance _____
If above test(s) were positive, was driver evaluated by a Substance Abuse Professional (SAP)?	Yes _____	No _____
If yes, did the SAP determine that assistance/treatment is required?	Yes _____	No _____
If yes, did the driver complete the treatment?	Yes _____	No _____

Comments: \_\_\_\_\_

Data \_\_\_\_\_ Name of Company \_\_\_\_\_

Signature of person supplying information \_\_\_\_\_ Position \_\_\_\_\_

=====

**WAIVER/CONSENT/RELEASE FORM**

Former Employer: \_\_\_\_\_ Date: \_\_\_\_\_

You are hereby authorized to release all information regarding my past alcohol and controlled substance test results, services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information whether same is of record or not.

Applicant's Signature: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_



**Request For Information From Previous Employer**

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Mailed _____ Fax _____ Called _____
Date of Second Request _____
Comments: _____

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Sincerely \_\_\_\_\_ Position \_\_\_\_\_

1. Is employment record with your company correct as stated above? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what are the correct dates? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
2. What kind(s) of work did he/she do? \_\_\_\_\_  
If driver, what type of equipment did he/she drive? Car \_\_\_\_\_ Bus \_\_\_\_\_ Semi \_\_\_\_\_ Straight truck \_\_\_\_\_ Other \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
If semi, type of trailer? Van \_\_\_\_\_ Reefer \_\_\_\_\_ Flatbed \_\_\_\_\_ Tanker \_\_\_\_\_ Other \_\_\_\_\_  
Other (please specify) \_\_\_\_\_
3. How many miles did the driver drive per month? \_\_\_\_\_ Team \_\_\_\_\_ Single \_\_\_\_\_
4. Did the driver have a problem making required pickups and deliveries on time? Yes \_\_\_\_\_ No \_\_\_\_\_
5. How many Cargo Claims (if any)? \_\_\_\_\_ Damage \_\_\_\_\_ Shortage \_\_\_\_\_ Other \_\_\_\_\_
6. Did the driver have a problem with advances? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Did he/she sustain any job related injuries that affected his/her driving ability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give dates and nature of each injury \_\_\_\_\_
8. Give dates and nature of accidents in which he/she was involved. \_\_\_\_\_
9. Reason for leaving your employment? Discharged \_\_\_\_\_ Lay-off \_\_\_\_\_ Resigned \_\_\_\_\_
10. Would you re-employ? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_
11. Please provide data of positive alcohol and controlled substances test results, or indicate that the individual was not subject to the federal testing requirements.  

Subject to federal testing requirements?	Yes _____ No _____	
Positive Alcohol Test (0.04 or greater):	Data _____	Check here if not applicable _____
Positive Controlled Substances:	Data _____	Check here if not applicable _____
Did the driver ever refuse to be tested?	Yes _____ No _____	
If yes, what type of test did he/she refuse:	Alcohol _____	Controlled Substance _____
If above test(s) were positive, was driver evaluated by a Substance Abuse Professional (SAP)?	Yes _____	No _____
If yes, did the SAP determine that assistance/treatment is required?	Yes _____	No _____
If yes, did the driver complete the treatment?	Yes _____	No _____

Comments: \_\_\_\_\_

Date \_\_\_\_\_ Name of Company \_\_\_\_\_

Signature of person supplying information \_\_\_\_\_ Position \_\_\_\_\_

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**WAIVER/CONSENT/RELEASE FORM**

Former Employer: \_\_\_\_\_ Date: \_\_\_\_\_

You are hereby authorized to release all information regarding my past alcohol and controlled substance test results, services, character and conduct while in your employ, and you are released from any and all liability which may result from furnishing such information whether same is of record or not.

Applicant's Signature: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_

## APPLICANT DATA RECORD

Applicants and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap, or any other legally protected status.

As an Affirmative Action Employer, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information.

The completion of this Data Record is OPTIONAL. If you choose to volunteer the requested information, please note that the Data Records are kept in a "CONFIDENTIAL FILE" and are not part of your Application for Employment or Personnel File.

YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION ON OUR PART.

### VOLUNTARY SURVEY

PLEASE PRINT:

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Government agencies, at times, require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of applicants. This data is for statistical analysis with respect to the success of the Affirmative Action Program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY:

Position for which you are applying: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Check One: Male \_\_\_\_\_ Female \_\_\_\_\_

Check one of the following: (race/ethnic group)

White: \_\_\_\_\_ Black: \_\_\_\_\_ Asian/Pacific Islander: \_\_\_\_\_

Hispanic: \_\_\_\_\_ American Indian/Alaskan Native: \_\_\_\_\_ Other: \_\_\_\_\_

Check if any of the following apply to you:

Vietnam Era Veteran: \_\_\_\_\_ Disabled Veteran: \_\_\_\_\_ Handicapped: \_\_\_\_\_

THANK YOU FOR YOUR COOPERATION!

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