

APPLICATION FOR EMPLOYMENT								
PERSONAL INFORMATION								
First Name		Middle Name			Last Name			
Home Telephone Number		Personal Cell Phone Number			Email Address			
MAILING ADDRESS								
Street		City			State		Zip Code	
HOME ADDRESS - IF DIFFEREN	NT FRO	OM MAILII	NG ADDRESS					
Street		City			State		Zip Code	
Are you authorized to work in the U.S. on an unrestricted basis?			□ Yes		□No			
Are you 18 years or older?				□ Yes		□ No		
Are you available to work full-time?				□ Yes □		□ No		
Are you available to work part-ti	ime?				☐ Yes		□ No	
EDUCATION								
Name of School	City	State	Main course of study	Did ye gradu	ou uated?	Degree		Years attended (Dates)
				□ Ye				
				□ Ye				
				□ Ye				
				□ Ye				
List any additional education								
•								

PROFESSIONAL REFERENCES, if any					
Name	City	Occupation	Relationship		



## **APPLICATION FOR EMPLOYMENT**

Applicants with Special Language Skills or Professional Licenses should complete and submit this form. **CERTIFICATIONS AND LICENSES** List any professional licenses, registrations or certifications you possess. Number **Date Issued** Name State Issued **Expiration Date** Name Number **Date Issued** State Issued **Expiration Date** Number Date Issued State Issued **Expiration Date** Name Name Number Date Issued State Issued **Expiration Date** Name Number **Date Issued** State Issued **Expiration Date LANGUAGE** Indicate your proficiency in the **English** Language below. Speaking Reading Writing ☐ Fluent ☐ Good ☐ Fair ☐ Fluent ☐ Good □ Fair ☐ Fluent ☐ Good □ Fair List any language(s) other than English in which you are proficient, including Sign Language and Braille. Language: Speaking Reading Writing ☐ Fluent ☐ Good ☐ Fair ☐ Fluent ☐ Good ☐ Fair ☐ Fluent ☐ Good ☐ Fair Language: Speaking Reading Writing ☐ Fluent □ Good □ Fair □ Fluent □ Good □ Fair □ Fluent □ Good □ Fair Language: Reading Speaking Writing ☐ Fluent ☐ Good ☐ Fair ☐ Fluent ☐ Good ☐ Fair ☐ Fluent ☐ Good □ Fair Others:



## **VEVRAA SELF-IDENTIFICATION FORM**

Voluntary Self-Identification of "Protected" Veteran Status Why Are You Being Asked to Complete This Form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

## How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an "Am I a Protected Veteran?" infographic provided by OFCCP.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW
I AM NOT A PROTECTED VETERAN
I DO NOT WISH TO ANSWER

## What Categories of Veterans Are "Protected" by VEVRAA?

"Protected" veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

- 1. A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- 2. A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- 3. An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- 4. An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Applicant Signature	Name	Date