

# EMPLOYMENT APPLICATION



## SECTION ONE – GENERAL

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER (OPTIONAL) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME E-MAIL ADDRESS \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA?  YES  NO (IF YES, VERIFICATION WILL BE REQUIRED)  
 I AM SEEKING A PERMANT POSITION  YES  NO  I AM SEEKING A TEMPORARY POSITION UNTIL \_\_\_\_\_ (DATE)  
 ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT ACCOMODATION?  YES  NO  
 IF NECESSARY FOR THE JOB I AM ABLE TO: WORK SHIFTS  YES  NO (IF YES, WHICH SHIFTS?) \_\_\_\_\_  
 WORK OVERTIME  YES  NO PROVIDE A VALID DRIVERS LICENSE  YES  NO (IF YES, VERIFICATION WILL BE REQUIRED)  
 I WILL BE ABLE TO REPORT TO WORK \_\_\_\_\_ DAYS AFTER BEING NOTIFIED THAT I AM HIRED  
 IF NECESSARY FOR THE JOB, ARE YOU OVER: 14 15 16 18 19 21 (PLEASE CIRCLE ONE)

## SECTION TWO - EMPLOYMENT

**IF RESUME IS ATTACHED, SKIP TO SECTION FOUR**

LIST LAST EMPLOYMENT FIRST. INCLUDE SUMMER OR TEMPORARY JOBS. BE SURE ALL YOUR EXPERIENCE OR EMPLOYERS RELATED TO THIS JOB ARE LISTED HERE, IN THE SUMMARY (FOLLOWING THIS SECTION), OR USE AN EXTRA SHEET OF PAPER IF NECESSARY.

EMPLOYER NAME AND ADDRESS	POSITION TITLE/DUTIES/SKILLS	DATES EMPLOYED	
		FROM _____	To _____
		SALARY _____	
	SUPERVISOR'S NAME	TELEPHONE	REASON FOR LEAVING

EMPLOYER NAME AND ADDRESS	POSITION TITLE/DUTIES/SKILLS	DATES EMPLOYED	
		FROM _____	To _____
		SALARY _____	
	SUPERVISOR'S NAME	TELEPHONE	REASON FOR LEAVING

EMPLOYER NAME AND ADDRESS	POSITION TITLE/DUTIES/SKILLS	DATES EMPLOYED	
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EMPLOYER NAME AND ADDRESS	POSITION TITLE/DUTIES/SKILLS	DATES EMPLOYED	
		FROM _____	To _____
		SALARY _____	
	SUPERVISOR'S NAME	TELEPHONE	REASON FOR LEAVING



\_\_\_\_\_  
LAST NAME                                      FIRST NAME                                      MIDDLE NAME

**SECTION THREE - EDUCATION**

SCHOOL NAME/LOCATION	YEARS COMPLETED	FIELD OF STUDY	GRADUATE OR DEGREE
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
BUSINESS/TECHNICAL			
OTHER (MAY INCLUDE GRAMMAR SCHOOL)			

**SECTION FOUR – MILITARY SERVICE**

MILITARY SERVICE  YES  NO                      DUTY / SPECIALIZED TRAINING: \_\_\_\_\_

**SECTION FIVE – REFERENCES**

LIST TWO PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER SUPERVISORS

NAME	ADDRESS	TELEPHONE #	OCCUPATION	YEARS KNOWN

**SECTION SIX – SKILLS**

PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS: \_\_\_\_\_

ADDITIONAL SKILLS INCLUDING SUPERVISION SKILLS, OTHER LANGUAGES, OR INFORMATION REGARDING THE CAREER/OCCUPATION YOU WISH TO BRING TO THE EMPLOYER'S ATTENTION:

**SECTION SEVEN – EMERGENCY CONTACT**

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME	ADDRESS	TELEPHONE #	CELL PHONE#	RELATIONSHIP

**SECTION EIGHT – INFORMATION TO APPLICANT**

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**EQUAL EMPLOYMENT OPPORTUNITY:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

# VOLUNTARY SELF-IDENTIFICATION

(CONFIDENTIAL – FOR STATISTICAL USE ONLY)



Fairweather, LLC is an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting.

As an Equal Opportunity Employer, we are subject to certain federal equal employment recordkeeping requirements. In order to comply, we request employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you elect not to provide this information, a determination will be made based on visual observation.

## PLEASE COMPLETE IN FULL:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female

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

Job Title Applied for: \_\_\_\_\_

Office Use Only: Job Group # \_\_\_\_\_

## RACE / ETHNICITY:

### Section I: Ethnicity / Race for EEO-1 Reporting

Are you Hispanic or Latino?

Yes  No

If no, what race do you consider yourself to be:

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or more races

### Section II: Ethnicity / Race for Affirmative Action Plan Reporting

Please indicate below which one race you would like to be recorded as for Affirmative Action Plan purposes:

- White (Not Hispanic or Latino)
- Hispanic or Latino
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)

### Section III: Disability and Veteran Status Reporting

Our organization is also subject to the Vietnam Era Veterans' Readjustment Assistance Act, which requires us to take affirmative action to employ and advance in employment qualified veterans. Submission of the information below is voluntary and refusal to provide information about a disability will not subject you to adverse treatment. Information will be kept confidential. Are you:

A person with a physical or mental disability?  Yes  No

A Disabled Veteran?  Yes  No

A Recently Separated Veteran?  Yes  No

An Other Protected Veteran?  Yes  No

An Armed Forces Service Medal Veteran?  Yes  No

Are you requesting an accommodation?  Yes  No

If yes, what accommodations are necessary to make it possible for you to perform the essential functions of your position?

### DEFINITIONS OF RACE AND ETHNICITY CATEGORIES:

- **HISPANIC OR LATINO:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **WHITE (NOT HISPANIC OR LATINO):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO):** A person having origins in any of the black racial groups of Africa.
- **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **ASIAN (NOT HISPANIC OR LATINO):** 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.
- **AMERICAN INDIAN OR ALASKA NATIVE (NOT HISPANIC OR LATINO):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **TWO OR MORE RACES (NOT HISPANIC OR LATINO):** All persons who identify with more than one of the above five races.

### DEFINITION OF VETERAN CATEGORIES:

- **DISABLED VETERAN:** A veteran 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, or was discharged or released from active duty because of a service-connected disability.
- **RECENTLY SEPARATED VETERAN:** Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.
- **OTHER PROTECTED VETERAN:** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.
- **ARMED FORCES SERVICE MEDAL VETERAN:** A person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).