

BLAIR-DUMOND INC.
Employment Application



APPLICANT INFORMATION					
Last Name:		First:		M.I.:	Date:
Street Address:				Apartment/Unit #:	
City:		State:		Zip:	
Phone: ()		Email Address:			
Date Available:		Social Security No.:		Salary Desired:	
Position Applied for:					
Are you a citizen of the United States?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, are you authorized to work in the US?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever worked for this company?		Yes	<input type="checkbox"/>	No	If so, when?
Have you ever been convicted of a felony?		Yes	<input type="checkbox"/>	No	If yes, explain:

EDUCATION					
High School:			Address:		
From:	To:	Did you graduate?	Yes	<input type="checkbox"/>	No
					Degree:
College:			Address:		
From:	To:	Did you graduate?	Yes	<input type="checkbox"/>	No
					Degree:
Other:			Address:		
From:	To:	Did you graduate?	Yes	<input type="checkbox"/>	No
					Degree:

REFERENCES (Please list three professional references.)	
Full Name:	Relationship:
Company:	Phone: ()
Full Name:	Relationship:
Company:	Phone: ()
Full Name:	Relationship:
Company:	Phone: ()

PREVIOUS EMPLOYMENT				
Company:			Phone: ()	
Address:			Supervisor:	
Job Title:		Starting Salary:	Ending Salary:	
Responsibilities:				
From:		To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No

Company:			Phone: ()	
Address:			Supervisor:	
Job Title:		Starting Salary:	Ending Salary:	
Responsibilities:				
From:		To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No

Company:			Phone: ()	
Address:			Supervisor:	
Job Title:		Starting Salary:	Ending Salary:	
Responsibilities:				
From:		To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No

MILITARY SERVICE			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:
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NEW EMPLOYEE SELF IDENTIFICATION FORM - EEO-1

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing the Company’s compliance status shall be informed.

Last Name:	First:	M.I.:	Date:
GENDER: Please place a check next to the appropriate category.		Male	Female

RACE/ETHNICITY: Please check one.

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

VETERAN STATUS: Check all that apply.

- I am a disabled veteran
- I am a recently separated veteran. Date of discharge (MM/DD/YY) _____
- I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

DISABILITY

- I am an individual with a disability.*
- I have received the form and decline to provide the requested information.

* Categories consistent with 41 C.F.R. §60-300 & Form VETS-100A †

SELF-IDENTIFICATION FORM DEFINITIONS

1. The Term "Disabled Veteran" means -
 - A. 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 Department of Veterans Affairs for a disability; or
 - B. a person who was discharged or released from active duty because of a service-connected disability
2. The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.
3. An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person’s major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.