

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



VOLUNTARY SELF-IDENTIFICATION

(CONFIDENTIAL – FOR STATISTICAL USE ONLY)

Alpine Tower & Technology 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 record keeping 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).

Personal and Confidential

This page contains sensitive information

Store in secure "Affirmative Action Forms" files, separate from personnel records!