

APPLICATION FOR EMPLOYMENT

Dekker/Perich/Sabatini, Ltd. is an Equal Opportunity Employer and affords equal opportunity to all qualified applicants for all positions without regard to race, color, religion, gender, national origin, genetic information, age, marital status, veteran status, disability or any other status protected under local, state or federal laws.

PERSONAL

_____ Date _____
Last Name First Name Middle Name

_____ _____ _____ _____
Number & Street City State Zip Code

Phone Number _____ Email Address _____

Position Sought _____ Full-Time Part-Time

Date Available ____ / ____ / ____ Salary Desired \$ _____ / _____

Are you over 18 years old? Yes No How did you hear about us? _____

Are you legally eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

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GENDER AND RACE/ETHNIC GROUPS

Please complete the information below to assist us in complying with Equal Opportunity Affirmative Action record keeping and reporting requirements. This information will be kept in a separate, confidential file, and will be used only for safety and government reporting purposes. Omitting this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Gender Female Male

Race/Ethnic Groups

___ White ___ Black or African American ___ Native Hawaiian/Pacific Islander

___ Hispanic or Latino ___ Asian ___ American Indian or Alaskan Native

___ Two or More Races

DISABILITY

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Yes, I have a disability (or previously had a disability) No, I don't have a disability I don't wish to answer

PROTECTED VETERANS

A veteran is a "protected veteran" under VEVRAA if he or she falls into one or more of the following categories: disabled veteran; recently separated veteran; active duty wartime or campaign badge veteran; or Armed Forces service medal veteran.

If you believe you belong to any of the categories of protected veterans, please indicate by checking the appropriate box:

I identify as one or more of the classifications of protected veterans I am not a protected veteran

PROFESSIONAL LICENSE OR MEMBERSHIP

Please indicate any licenses or memberships which you believe are relevant to the position you are seeking. You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, genetic information, ancestry, age, disability, marital status, veteran status or any other protected status.

Have you ever been employed by Dekker/Perich/Sabatini, Ltd.? Yes No

If so, please state facility name and location and dates of employment:

If you're including your resume, the following information does not need to be included.

EMPLOYMENT

List last employer first, including U.S. Military Service.

(1) May we contact this employer? Yes No

If employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: _____ / _____ to _____ / _____
Mo / Yr Mo / Yr

Salary _____ Supervisor _____ Department _____

Duties _____

Full-Time Part-Time Reason for Leaving _____

(2) May we contact this employer? Yes No

If employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: _____ / _____ to _____ / _____
Mo / Yr Mo / Yr

Salary _____ Supervisor _____ Department _____

Duties _____

Full-Time Part-Time Reason for Leaving _____

EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking.

Give record of all High schools, Colleges, Universities and Trade Schools you have attended.

School Name	Location	# of Years Completed or Degree	Did you graduate? (Y/N)	Subjects Studied or Major

APPLICANT'S CERTIFICATION & AGREEMENT

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge and authorize Dekker/Perich/Sabatini, Ltd. to verify their accuracy and to obtain reference information on my work performance. I hereby release Dekker/Perich/Sabatini, Ltd. from any/all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment decision, based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

Signature of Applicant _____ Date _____