



## Previous Relevant Training

Date of Training	Location	Describe training received

## General

List any foreign languages you speak and check your level of fluency:

_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write

List any special skills/abilities you have that can be applied to this position:

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## Security

Have you ever been bonded?  Yes  No

If so, explain:

Have you been convicted of a felony within the past 5 years?  Yes  No

If so, explain (this will not necessarily exclude you from consideration):


## Military

Have you served in the military?  Yes  No Branch: \_\_\_\_\_

Served from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Rank: \_\_\_\_\_

Do you have any military commitment, including National Guard service that would influence your work schedule?

Yes  No

If so, explain:

Are you a Vietnam veteran?  Yes  No Are you a disabled veteran?  Yes  No

Are you a special disabled veteran?  Yes  No

**REASONABLE ACCOMMODATIONS:** In the event you believe you will need reasonable accommodations to assist you in performing your job, please contact your supervisor or human resources coordinator.

## Authorization

I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that if employed, falsified statements on this form will be grounds for dismissal.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_