



**EMPLOYMENT HISTORY:** This section must be completed. Resumes may be attached to further describe your qualifications. List all employment emphasizing experience directly related to the position for which you are applying. If qualifying experience is part time or voluntary, list the number of hours per week spent doing the work. List all positions you have held and periods of unemployment for at least the past ten years. Include all periods of self-employment and U.S. Military Service. List each promotion separately. **You will be evaluated based on this information.** If additional space is required, use copies of this side of the application or a separate sheet prepared in the same format and attached securely. Be sure to sign and date attached sheets.

Dates Employed From: To: (Mo/Yr) (Mo/Yr)	Employer (Business or Agency Name)	Title of Position	Number of employees supervised by you
Total Yrs./Mos. Worked	Address	City State	Type of Business
Hours Worked Each Week	Name and Title of Supervisor		Business Phone No.
	Your Duties (List Primary Duties First)		
	Reason for leaving		
Dates Employed From: To: (Mo/Yr) (Mo/Yr)	Employer (Business or Agency Name)	Title of Position	Number of employees supervised by you
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Hours Worked Each Week	Name and Title of Supervisor		Business Phone No.
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Hours Worked Each Week	Name and Title of Supervisor		Business Phone No.
	Your Duties (List Primary Duties First)		
	Reason for leaving		

Inquiry may be made of your former employer(s) regarding your performance record or the schools you attended to verify degree(s). May we contact your present employer?  Yes  No  Later

I understand that any omission of material fact in this application may result in refusal or separation from employment. I hereby authorize CIRA to make any investigation of my background deemed necessary. I authorize my former employers to give any information regarding my employment. I hereby release them and their company/agency from all damages whatsoever for issuing same. I agree to be fingerprinted, to submit to a drug test, to submit to a complete medical exam, and furnish such proof of meeting the conditions of employment as may be required.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## CIRA EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

To comply with federal guidelines, we request that you **voluntarily** provide the following information, submitted separately from the job application. It is used for statistical purposes only and to measure the effectiveness of recruitment efforts. The information you provide will be detached from your application and will be kept separate and confidential.

Exact title of the position for which you are applying: \_\_\_\_\_ Date \_\_\_\_\_

Gender:  Male  Female Are you age 40 or over?  Yes  No

Please CHECK **ONE BOX ONLY** for the predominant (70% or more) racial/ethnic category with which you most closely identify according to the ethnic definitions listed below:

- WHITE** (not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK** (not of Hispanic origin) - Persons having origins in any of the African American racial groups.
- HISPANIC** - Persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER** - Persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea or Samoa.
- AMERICAN INDIAN OR ALASKAN NATIVE** - Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. Please identify your tribal affiliation:
- OTHER** - Persons belonging to groups whose origin is NOT listed above. Please specify group:

To assist us in our outreach efforts, please indicate how you first learned about this job opening:

- CIRA's Website \_\_\_\_\_ •
- Newspaper (please specify by title) \_\_\_\_\_ •
- Other Publication (please specify) \_\_\_\_\_
- Other Website/Posting (please specify) \_\_\_\_\_

### APPLICANTS WITH DISABILITIES

If you are qualified individual with a disability, that is, someone who is able to perform the essential functions of the job, with or without reasonable accommodation, and need special testing arrangements, attach a letter to your application explaining the nature of the special accommodations you require.