



**Military Information – if you meet the criteria for veteran preference points, please attach photocopy of DD214 or appropriate documents.**

Veteran       Disabled Veteran

BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	RANK	TYPE OF DISCHARGE

**EMPLOYMENT – List all jobs you have held in the last ten years. (Resumes may not be substituted) Include active military service, if any. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. Provide all information relevant to the position for which you are applying. By being complete, you may improve your chances for employment. If you need more space, you may attach additional sheet(s).**

FROM _____ TO _____	TITLE OF POSITION _____ SUPERVISOR _____
EMPLOYER NAME & ADDRESS:	DESCRIBE DUTIES / RESPONSIBILITIES:
REASON FOR LEAVING:	TELEPHONE NO# SUPERVISOR: _____ FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
FROM _____ TO _____	TITLE OF POSITION _____ SUPERVISOR _____
EMPLOYER NAME & ADDRESS:	DESCRIBE DUTIES / RESPONSIBILITIES:
REASON FOR LEAVING:	TELEPHONE NO# SUPERVISOR: _____ FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
FROM _____ TO _____	TITLE OF POSITION _____ SUPERVISOR _____
EMPLOYER NAME & ADDRESS:	DESCRIBE DUTIES / RESPONSIBILITIES:
REASON FOR LEAVING:	TELEPHONE NO# SUPERVISOR: _____ FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>

May we contact your present employer?     YES     NO    If no, please explain \_\_\_\_\_  
\_\_\_\_\_

**NOTE: After employment, you must submit proof of your legal right to work in the United States of America.**

**AFFIDAVIT – READ CAREFULLY**

**I DECLARE UNDER PENALTY OF PERJURY THAT ALL THE ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT UNTRUTHFULNESS OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF THIS APPLICATION, REMOVAL FROM AN ELIGIBLE LIST OR DISMISSAL FROM HCFA EMPLOYMENT.**

**I UNDERSTAND THAT A PHYSICAL EXAMINATION PRIOR TO EMPLOYMENT, AN ALCOHOL AND DRUG SCREEN, BACKGROUND INVESTIGATION, CREDIT CHECK, AND/OR D.M.V. CHECK MAY BE REQUIRED. I UNDERSTAND THAT THE RESULTS OF ANY OF THE FOREGOING MAY BE GROUNDS FOR DISQUALIFICATION.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CONFIDENTIAL**

The information you provide on this form will be detached from the application prior to the examination process.

<b>NAME:</b>	<b>SOC SECURITY NO#:</b>
<b>POSITION:</b>	<b>EXAM NUMBER:</b>

**DISABLED**

NO     YES    If you have a disability, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: If you have a disability, which may require "Reasonable Accommodations" in the testing process, you need to obtain and complete a "Reasonable Accommodation Request Form" from Heartland Communications at the time of application.**

How did you learn about this position?

Newspaper     Job Bulletin     Heartland Communication Employee     Recorded Job Line     Other

**HEARTLAND COMMUNICATIONS FACILITY AUTHORITY AFFIRMATIVE ACTION RESEARCH PROJECT**

Heartland Communications Facility Authority requests that applicants voluntarily provide the following information. This information will not be included with your application, but will be available for research and evaluation purposes only. This information will have absolutely no effect on our selection process. Thank you for your cooperation.

AGE \_\_\_\_\_ SEX:  MALE     FEMALE

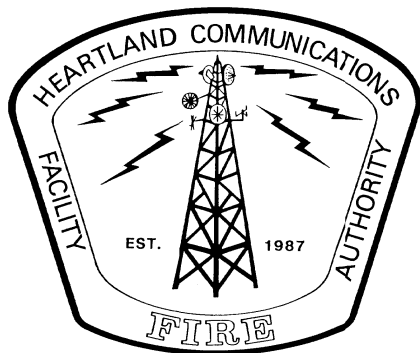
I consider myself a member of the following ethnic group: (Check only one)

Native American     African American     White     Hispanic     Asian / Filipino Pacific Islander

I declare that the foregoing is true and correct to the best of my knowledge.

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

**RELEASE AND WAIVER OF LIABILITY**



In cooperation with the Heartland Communication Facility Authority in their investigation of the background of the prospective employees, I hereby request and authorize my references, previous employers and present employer to provide any information you may have concerning me including, but not limited to information of a confidential or negative nature. I hereby release all Parties from any liability for damages that may result from furnishing such information, as well as from the use of, or disclosure of such information by the Heartland Communications Facility Authority to its offices and agents. I understand that any information furnished to the Heartland Communications Facility Authority as a result of this request and authorization shall remain confidential and will be used solely to evaluate my prospective employment with the Heartland Communication Facility Authority.

Printed Name of Applicant \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_