

# Confidential Applicant Data Form

Dear Applicant:

Choctaw Archiving Enterprise thanks you for your employment application. We request that you also complete and return the form below to the San Antonio Program Management Office at 2161 NW Military Hwy. Suite 308, San Antonio, TX 78213.

Federal and state guidelines require statistical analysis of our applicants. We assure you that the information contained on this form is confidential. Refusal to provide the information will not subject you to any adverse treatment. The form will be retained in the Program Management office for statistical purposes only and will not be used as a basis for any employment decision.

We appreciate your cooperation and thoroughness in completing this form.

Gregg Robinson  
Human Resources Director



A. Social Security Number :    -   -

B. Name : \_\_\_\_\_

C. Sex : M  F

D. Ethnic Group :

<input type="checkbox"/> Unknown	<input type="checkbox"/> Asian / Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Native American / Alaskan
<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic

E. Date of Birth : Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

F. Veteran Status : Yes  No

G. Vietnam Era Veteran : In accordance with the Vietnam Era Veterans Readjustment Act of 1974, a Vietnam Era Veteran entitled to affirmative action consideration is a person who served during the period August 5, 1964 to May 7, 1975 with 181 days of active service and who applied for employment within 48 months of separation from service. Are you a Vietnam Era Veteran? Yes  No

H. How did you learn about this job?

<input type="checkbox"/> Current employee	<input type="checkbox"/> ChoctawArchiving.com
<input type="checkbox"/> Newspaper	<input type="checkbox"/> America's Job Bank website
<input type="checkbox"/> Other	<input type="checkbox"/> CMSE.net



**IV. Employment History**

List below your last three employers, starting with the most recent. Please specify any other names worked under.

Date: (Month & Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

Address: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Street & Number City State Zip

Name of immediate supervisor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Full description of work and position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your present employer?  Yes  No

Reference Check: \_\_\_\_\_  
(For Personnel Dept. Use Only)

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Date: (Month & Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

Address: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Street & Number City State Zip

Name of immediate supervisor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Full description of work and position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your past employer?  Yes  No

Reference Check: \_\_\_\_\_  
(For Personnel Dept. Use Only)

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Date: (Month & Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

Address: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Street & Number City State Zip

Name of immediate supervisor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Full description of work and position held: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your past employer?  Yes  No

Reference Check: \_\_\_\_\_  
(For Personnel Dept. Use Only)

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**V. Education, Training, and Registration**

Please furnish all education and training which you believe qualifies you for the position you are seeking:

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE YEAR COMPLETED	DEGREE OR LICENSE AWARDED
HIGH SCHOOL OR GED			1 2 3 4	DIPLOMA / GED <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE, TECHNICAL, OR PROFESSIONAL SCHOOL			1 2 3 4	DEGREE <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Date: _____
OTHER			1 2 3 4	

Special skills you possess and machines/equipment you can use (i.e. transcriber, adding machine, computer) relating to the position you are seeking: \_\_\_\_\_

Computer software Proficiency:  Word For Windows  Excel  Lotus  Graphics

Approximate number of words per minute: Electric Typewriter: \_\_\_\_\_ Shorthand: \_\_\_\_\_

Were you in the Armed Services:  Yes  No Dates of Duty: From \_\_\_\_\_ To: \_\_\_\_\_

List duties in the Service pertinent to job sought: \_\_\_\_\_

**FOR ANY PROFESSION REQUIRING LICENSING OR CERTIFICATION:**

Type, State and Number: \_\_\_\_\_ Date licensed issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Renewal Number: \_\_\_\_\_ Were you licensed by: \_\_\_\_\_ Examination \_\_\_\_\_ Waiver What State? \_\_\_\_\_

Have you applied for reciprocity?  Yes  No Date: \_\_\_\_\_

Have any of your professional license(s) ever been investigated ?

If yes, explain: \_\_\_\_\_

**Please read the following statements carefully. By signing, you acknowledge that you have read and understand the meaning of each statement and accept any conditions therein.**

- Any misrepresentation of facts in this application or in connection with any physical examination, will be just cause for rejection of the application, or dismissal if hired.
- I hereby authorize investigation of all statements and voluntarily release and hold harmless for liability and/or damages all parties who may issue or receive information regarding my application or employment with CAE.
- I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between CAE and myself for employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon CAE unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that CAE retains a similar right.
- If I am hired, my employment is conditional (temporary) pending final approval, health clearance, satisfactory references, and successful completion of a 90-day probationary period that can be extended at the discretion of CAE.
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future, unless a separate employment contract has been offered and accepted. The conditions of any such contract will supersede the conditions listed here.
- Except as provided in a separate employment contract offered and accepted, I am responsible for my necessary transportation to and from my assigned work-site.
- I understand that even though I may have been hired for a specific work schedule, we cannot guarantee permanent schedules and may alter such arrangements as necessary to meet specific contractual obligations.
- CAE reserves the right to amend its policies and practices as it deems necessary or appropriate regardless of whether such policies or practices were established prior to or after employment.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

**PERSONAL REFERENCES**

Please provide the names and other information indicated below for at least **three** personal references. These references should be persons with whom you are acquainted, such as your friends or co-workers, or someone who knows you in a professional capacity, such as a priest or other clergyman.

NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED

**VETERAN QUALIFICATIONS:**

**A. Disabled Veterans:** A disabled veteran is a person entitled to disability compensation for a disability of 30% or more, or a person whose discharge was for a disability incurred or aggravated in the line of duty.

Are you a disabled veteran?  Yes  No

**B. Vietnam Era Veterans:** In accordance with the Vietnam Era Veterans Readjustment Act of 1974, a Vietnam Era Veteran entitled to affirmative action consideration is a person who served during the period August 5, 1964 to May 7, 1975 with 181 days of active service and who applied for employment within 48 months of separation from service.

Are you a Vietnam Era Veteran?  Yes  No