



Bristol Bay Area Health Corporation

P.O. Box 130
 Dillingham, Alaska 99576
 Phone: 1-907-842-5201 --- In Alaska: 1-800-478-5201
 Fax: 1-907-842-9251 --- Email: recruitment@bbahc.org

BBAHC enforces a drug and alcohol-free workforce policy. Pre-employment drug screening is required. A completed background investigation and determination that the applicant meets the eligibility criteria of the Alaska Barrier Crimes Act and, where applicable, the Indian Child Protection Act, are prerequisites to hiring. Any omission, misstatement, or misrepresentation on this application, or any other hiring/background screening forms, will result in withdrawal of this application and may result in termination if discovered after hire. **Employee flu vaccination is required annually.**

- Type or print, using black ink or marker
- If you need additional space, attach a supplemental sheet
- Sign the completed application

GENERAL INFORMATION					
NAME (FIRST) (MIDDLE) (LAST)			SOCIAL SECURITY NO. (OPTIONAL)		DATE OF APPLICATION
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE # (DAY)		PHONE # (EVENING)
			OTHER NAMES USED (MAIDEN, ETC)		
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS			E-MAIL ADDRESS		BIRTHDATE, IF UNDER 18
HAVE YOU PREVIOUSLY WORKED FOR BBAHC? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATES OF EMPLOYMENT	DEPARTMENT	POSITION	SUPERVISOR	
ARE YOU REQUESTING NATIVE PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YOU MUST PROVIDE TRIBAL DOCUMENTATION OF A RECOGNIZED TRIBE. HAVE YOU PREVIOUSLY FILED AN APPLICATION WITH BBAHC? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE SUBMITTED: ARE YOU RELATED TO ANY BBAHC EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO RELATIONSHIP (ATTACH ADDITIONAL PAGES IF REQUIRED)					
EMPLOYMENT STATUS (COMPLETE ALL FIVE) 1. I AM AUTHORIZED TO WORK IN THE U.S. FOR ANY EMPLOYER. <input type="checkbox"/> YES <input type="checkbox"/> NO 2. I AM AUTHORIZED TO WORK IN THE U.S. FOR MY PRESENT EMPLOYER ONLY. <input type="checkbox"/> YES <input type="checkbox"/> NO 3. I REQUIRE SPONSORSHIP TO WORK IN THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TYPE OF VISA DO YOU REQUIRE TO WORK IN THE U.S.? _____ 4. MY STATUS TO WORK IN THE U.S. IS UNKNOWN. <input type="checkbox"/> YES <input type="checkbox"/> NO 5. IF HIRED, WILL YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE U.S. WITHIN THREE (3) DAYS OF HIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DRIVER LICENSE #		ISSUING STATE			
IF YOU ARE AN RN, LPN OR OTHER PROFESSIONAL REQUIRING LICENSURE, ARE YOU CURRENTLY REGISTERED IN ALASKA? <input type="checkbox"/> YES <input type="checkbox"/> NO					
LICENSE TYPE	ISSUING STATE (OTHER THAN ALASKA)		REGISTRATION #	EXP. DATE	
HAVE YOU EVER BEEN CHARGED AND/OR CONVICTED OF ANY MISDEMEANOR OR FELONY CRIMINAL OFFENSE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:					
POSITION					
POSITION APPLYING FOR			THIS POSITION IS <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CALL-IN		
SHIFT PREFERENCE <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> ROTATING			DATE AVAILABLE TO WORK		
SOURCE OF REFERRAL <input type="checkbox"/> VACANCIES BULLETIN <input type="checkbox"/> BBAHC INTERNET VACANCIES LIST <input type="checkbox"/> "WORD OF MOUTH" <input type="checkbox"/> MONSTER.COM <input type="checkbox"/> NEWSPAPER/PERIODICALS/PROFESSIONAL JOURNALS <input type="checkbox"/> JOB CENTER <input type="checkbox"/> JOB FAIR <input type="checkbox"/> OTHER _____					
IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO PERFORM OR SAFELY PERFORM ANY OF THE DUTIES OF THE POSITION FOR WHICH YOU HAVE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:					

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EDUCATION & TRAINING

HIGH SCHOOL	NAME OF SCHOOL & ADDRESS	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES ATTENDED	
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL & ADDRESS	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR SUBJECT	DATES ATTENDED	TYPE OF DEGREE
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL & ADDRESS	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR SUBJECT	DATES ATTENDED	TYPE OF DEGREE
OTHER	NAME OF SCHOOL & ADDRESS	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR SUBJECT	DATES ATTENDED	TYPE OF DEGREE

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, DATA/WORD PROCESSING, OFFICE EQUIPMENT, TYPING, SHORTHAND, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT BBAHC

LANGUAGE ABILITY	ENGLISH <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	OTHER _____ <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	OTHER _____ <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE
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EMPLOYMENT RECORDS

PROVIDE LAST 10 YEARS OF EMPLOYMENT. LIST MOST RECENT EMPLOYMENT FIRST

1. EMPLOYER	START DATE	END DATE	POSITION TITLE	MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
STREET ADDRESS, CITY, STATE, ZIP CODE		SUPERVISOR		EMPLOYER/SUPERVISOR PHONE	
POSITION DESCRIPTION					
PAY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	STARTING PAY	FINAL PAY	REASON FOR LEAVING		
2. EMPLOYER		START DATE	END DATE	POSITION TITLE	MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
STREET ADDRESS, CITY, STATE, ZIP CODE		SUPERVISOR		EMPLOYER/SUPERVISOR PHONE	
POSITION DESCRIPTION					
PAY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	STARTING PAY	FINAL PAY	REASON FOR LEAVING		
3. EMPLOYER		START DATE	END DATE	POSITION TITLE	MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
STREET ADDRESS, CITY, STATE, ZIP CODE		SUPERVISOR		EMPLOYER/SUPERVISOR PHONE	
POSITION DESCRIPTION					

PAY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		STARTING PAY	FINAL PAY	REASON FOR LEAVING		
4. EMPLOYER			START DATE	END DATE	POSITION TITLE	MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
STREET ADDRESS, CITY, STATE, ZIP CODE				SUPERVISOR		EMPLOYER/SUPERVISOR PHONE
POSITION DESCRIPTION						
PAY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		STARTING PAY	FINAL PAY	REASON FOR LEAVING		
5. EMPLOYER			START DATE	END DATE	POSITION TITLE	MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
STREET ADDRESS, CITY, STATE, ZIP CODE				SUPERVISOR		EMPLOYER/SUPERVISOR PHONE
POSITION DESCRIPTION						
PAY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		STARTING PAY	FINAL PAY	REASON FOR LEAVING		
6. EMPLOYER			START DATE	END DATE	POSITION TITLE	MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
STREET ADDRESS, CITY, STATE, ZIP CODE				SUPERVISOR		EMPLOYER/SUPERVISOR PHONE
POSITION DESCRIPTION						
PAY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		STARTING PAY	FINAL PAY	REASON FOR LEAVING		
7. EMPLOYER			START DATE	END DATE	POSITION TITLE	MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
STREET ADDRESS, CITY, STATE, ZIP CODE				SUPERVISOR		EMPLOYER/SUPERVISOR PHONE
POSITION DESCRIPTION						
PAY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		STARTING PAY	FINAL PAY	REASON FOR LEAVING		
8. EMPLOYER			START DATE	END DATE	POSITION TITLE	MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
STREET ADDRESS, CITY, STATE, ZIP CODE				SUPERVISOR		EMPLOYER/SUPERVISOR PHONE
POSITION DESCRIPTION						

PAY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	STARTING PAY	FINAL PAY	REASON FOR LEAVING		
9. EMPLOYER		START DATE	END DATE	POSITION TITLE	MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
STREET ADDRESS, CITY, STATE, ZIP CODE			SUPERVISOR		EMPLOYER/SUPERVISOR PHONE
POSITION DESCRIPTION					
PAY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	STARTING PAY	FINAL PAY	REASON FOR LEAVING		

REFERENCES: LIST 3 OR MORE INDIVIDUALS (OTHER THAN RELATIVES OR PERSONAL FRIENDS) WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION (E.G. TEACHERS OR CO-WORKERS).
***** ONE (1) REFERENCE LISTED MUST BE A CURRENT OR FORMER SUPERVISOR.*****

NAME / TITLE	MAILING ADDRESS / EMAIL ADDRESS	PHONE

ADDITIONAL INFORMATION

AN APPLICATION'S FORMAT CAN OCCASIONALLY MAKE IT DIFFICULT FOR AN INDIVIDUAL TO PROVIDE A WHOLE REPRESENTATION OF HIS/HER BACKGROUND. TO ASSIST US IN FINDING THE MOST FITTING POSITION FOR YOU IN THE CORPORATION, YOU MAY WISH TO USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO FULLY DESCRIBE YOUR QUALIFICATIONS:

AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING.

Please read carefully

The answers to the foregoing questions are true and correct to the best of my knowledge.

1. I certify by my signature that the information I have given on this application is true and complete. I understand that any omission, misstatement, concealment or misrepresentation will result in withdrawal of this application and/or may be considered cause for termination of employment.
2. I also certify that I understand that I may be required to work at other than my regular assignment as the needs of the hospital require, and that my employment is subject to complying with rules, regulations and conditions as established by hospital management.
3. I also certify that if employed I will give the required number of days written notice before terminating my employment. Failure to give such notice waives all and any benefits I have accrued other than pay for time worked.
4. I consent to drug testing and alcohol testing as may be requested by a BBAHC representative under BBAHC drug-free and alcohol-free workforce personnel policy.

SIGNATURE

DATE

APPLICATION DOCUMENTS CHECKLIST

I HAVE ATTACHED THE FOLLOWING REQUIRED DOCUMENTATION.

- Authorization for Release of Information, and Waiver of Liability
- Declaration for BBAHC Applicants Employment - Indian "Child Contact or Control" and Child Care Positions
- Release of Information Authorization
- Written Disclosure of Intent to Obtain Consumer Report/Investigative Consumer Report for Employment Purposes
- Voluntary Demographic Information

AUTHORIZATION FOR RELEASE OF INFORMATION, AND WAIVER OF LIABILITY

In exchange for being considered for employment with Bristol Bay Area Health Corporation (“BBAHC”), or for being considered for continued employment with BBAHC, I hereby execute this Authorization for Release of Information, and Waiver of Liability (“Authorization”).

I authorize any representative of BBAHC to solicit any information regarding my previous employment (including achievement, performance, attendance, disciplinary information), education, personal history, character and general reputation, credit, criminal record, and other background information from any source whatsoever, including but not limited to: (1) former employers; (2) schools and educational institutions I have attended; (3) references I have listed on my employment application; (4) family members; (5) personal acquaintances; (6) credit bureaus; and/or (6) courts and law enforcement personnel. My signature on this Authorization is authorization under the Fair Credit Reporting Act for BBAHC to utilize consumer credit reporting agencies to obtain reports on me in order to consider me for employment or continued employment.

I direct any such individual or entity from whom BBAHC seeks information for purposes of evaluating my qualification and fitness for employment to release such information upon request, regardless of any agreement I may have made with such person or entity to the contrary.

I hereby release any individual or entity, including their respective agents, employees, records custodians, and representatives from all Claims (defined below) which may arise on account of the giving of information pursuant to, or other compliance or any attempts to comply with, this Authorization. I also release BBAHC and its officers, directors, agents and employees, parent and subsidiary and related corporations, insurers, attorneys, successors and assigns (hereafter, collectively, “BBAHC”), from all Claims which may arise out its request for information or receipt of information pursuant to this Authorization. As used in this Authorization, “Claims” means all claims, liabilities and causes of action, of every kind and nature, whether arising out of contract, tort, statute or otherwise, including without limitation (1) personal injury claims such as defamation, tortious interference with contract or business expectancy, black listing, or infliction of emotional distress; (2) claims alleging any legal restriction on an employer’s right to refuse to hire, or to terminate, employees; (3) discrimination claims; and (4) claims for compensatory, consequential, special, liquidated and punitive damages, penalties, costs, expenses and attorneys’ fees. If I am employed or if my employment is continued, I hereby release BBAHC from any Claims for future references it may provide regarding my employment with BBAHC.

I understand and acknowledge the significance of this Authorization; that it is voluntary; and that it has not been given as a result of coercion and that it is signed after full reflection and analysis.

Applicant/Employee Name (Please Print)

Date

Applicant Signature

Witness Name (Please Print)

Date

Witness Signature

**DECLARATION FOR BBAHC APPLICANTS EMPLOYMENT
INDIAN "CHILD CONTACT OR CONTROL" AND CHILD CARE POSITIONS**

Consideration for employment, or to continue employment, requires completion and return of this declaration:

Name (Please Print)

Social Security No.

Position Applied For

BACKGROUND INFORMATION

Section 408 of the Indian Child Protection and Family Violence Prevention Act of 1990

Public Law 101-630 requires an investigation of the character of each individual who is employed, or is being considered for employment, in a position with duties and responsibilities that involve regular contact with or control over Indian children.

Section 231 of the Crime Control Act of 1990

Public Law 101-647 requires those employment applications for child care positions have applications sign a receipt of notice that at criminal record check will be conducted. The check shall include a search of the criminal history repositories of all states that an employee or prospective employee lists as current and former residences in an employment application.

CERTIFICATION

I certify that my response to these questions is made under federal penalty of perjury, which is punishable by fine or imprisonment or both; and that I have received notice that a criminal history background check will be conducted. I understand my right to obtain a copy of any criminal history report made available to BBAHC and my right to challenge the accuracy and completeness of any information contained in the report.

1. Have you ever been arrested for or charged with a crime involving a child?

Yes No

(If "Yes" attach a document providing the date, explanation of the violation, disposition of the arrest or charge, place of occurrence and the name and address of the police department or court involved)

2. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest), or guilty to any offense under Federal, State, or tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution or crimes against persons?

Yes No

(If "Yes" attach a document providing the date, explanation of the violation, disposition of the arrest or charge, place of occurrence and the name and address of the police department or court involved)

I hereby authorize the Bristol Bay Area Health Corporation to conduct a criminal history background check. (A condition and retention of employment)

Signature

Date

RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize **Bristol Bay Area Health Corporation** its employees, and its agents, along with Sterling Talent Solutions, and its employees and authorized agents, to verify any information I have provided. In connection with, and duration of my employment (including contract for services) with you, I understand investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance, and experience along with the reasons for termination of past employment from previous employers. Further, I understand you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal civil, and other experiences as well as claims involving me in the files of insurance companies. (All Inquiries are subject to the provisions of the Fair Credit Reporting Act)

I authorize my current and previous employers, educational institutions, banking, and other financial institutions, credit rating bureaus or institutions maintaining individual credit rating files, and government agencies or political subdivisions to give any information requested regarding my employment, character, and qualifications. Any previous employer is also hereby authorized to release any and all documents which, by agreement with me, have been designated as confidential or sealed.

I hereby expressly release and hold harmless **Bristol Bay Area Health Corporation**, Sterling Talent Solutions, their agents, employees, and any person or organization who provides information or records relating to me from any and all liability or claiming related to the investigation of my personal employment audit or financial history. I further agree to release and hold harmless, any person or entity which provides accurate and further information to **Bristol Bay Area Health Corporation**, or its agents in the course of conducting a background check for purposes of employment with **Bristol Bay Area Health Corporation**.

This Release shall be valid for twelve (12) months immediately following the date of my signature below.

In compliance with the Privacy Act of 1974, the following is provided:

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application. A false statement or a material omission on any part of your application may be grounds for termination from employment.

I have read, understood, and approve of the previous Privacy Act notice:

Initials: _____

Name (Please Print)

Social Security Number

Previous Names/Maiden Names

Date of Birth Male Female

Current Address (Street, City, State, Zip Code)

Drivers License Number Issuing State

Signature

Date

**WRITTEN DISCLOSURE OF INTENT TO OBTAIN CONSUMER
REPORT/INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT PURPOSES**

You are hereby notified that **Bristol Bay Area Health Corporation** in connection with your employment, and for the duration of your employment with the **Bristol Bay Area Health Corporation**, may obtain a consumer report regarding you for employment purposes as part of any employment background investigation. A consumer report means any information provided by one or more consumer reporting agencies that bears on a consumer's credit-worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used for the purpose of establishing eligibility for employment, promotion, reassignment, or continued employment.

The consumer report could also include an "investigative consumer report," which included information such as that described above, and which is obtained through personal interviews with neighbors, friends, co-workers, or others with whom you may be acquainted. With respect to any investigative consumer report, you have the right to request additional disclosures regarding the nature and scope of the investigation. You have the right to request a written summary of your rights under the Fair Credit Reporting Act.

For employment purposes, the **Bristol Bay Area Health Corporation** and its agents, including Sterling Talent Solutions, will not consider lack of financial responsibility (*i.e.*, credit worthiness, credit standing, and credit capacity) as criteria for disqualification.

This notice is provided pursuant to the FCRA, 15 U.S.C. § 1681b(b)(2).

**EMPLOYEE AUTHORIZATION FOR THE PROCUREMENT OF CONSUMER/INVESTIGATIVE CONSUMER REPORT FOR
EMPLOYMENT PURPOSES**

I, _____, hereby authorize **Bristol Bay Area Health Corporation**, and one or more consumer reporting agencies, acting on behalf of the **Bristol Bay Area Health Corporation**, in connection with my employment, and for the duration of my employment with the **Bristol Bay Area Health Corporation**, to investigate my employment history, personal history, criminal history, and financial and other records by, among other things, procuring a consumer report, including an investigative consumer report, regarding me for employment purposes. I acknowledge that the **Bristol Bay Area Health Corporation** has provided to me, and I have read, the Written Disclosure of Intent to Obtain Consumer Report/Investigative Consumer Report for Employment Purposes.

Applicant Signature

Date

Witness (Please Print)

Date

Witness Signature



Bristol Bay Area Health Corporation

P.O. Box 130
 Dillingham, Alaska 99576
 (907) 842-5201
 1-800-478-5201 (in Alaska)

Voluntary Demographic Information

The federal government requires that an employer maintain records on the race, sex, and ethnic group of its applicants. In order to comply with these requirements, BBAHC requests that you provide the information sought below. Completing this form is voluntary, and for recordkeeping purposes only. This information is kept separate from your official application and will not affect personnel decisions or actions.

NAME (FIRST) (MIDDLE) (LAST)	SOCIAL SECURITY NO.
ADDRESS	PHONE NO.
POSITION(S) APPLIED FOR	REFERRAL SOURCE <input type="checkbox"/> Vacancies Bulletin <input type="checkbox"/> BBAHC Internet Vacancies List <input type="checkbox"/> "Word of Mouth" <input type="checkbox"/> Internet Job Posting site (ex. Indeed, LinkedIn, etc.) <input type="checkbox"/> Newspaper / Professional Journal / Periodical <input type="checkbox"/> Job Center <input type="checkbox"/> Job Fair <input type="checkbox"/> Other _____
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTH DATE:
ETHNICITY / RACE (PLEASE CHECK ONE ONLY) <input type="checkbox"/> Alaska Native – A person having origins in any of the original peoples of Alaska <input type="checkbox"/> American Indian – A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment <input type="checkbox"/> Asian/Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, Hawaii, Guam, Samoa or other Pacific Islands <input type="checkbox"/> Black (Non-Hispanic origin) – A person having origins in any of the black racial groups of Africa or the Caribbean <input type="checkbox"/> Hispanic – A person of South or Central American, Cuban, Mexican, Puerto Rican or other Spanish culture <input type="checkbox"/> White (Non-Hispanic origin) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa <input type="checkbox"/> Prefer not to report	DISABILITY <input type="checkbox"/> Disability If you have a disability, you may indicate this by checking the box provided above. Your disclosure is voluntary and will be kept confidential.
VETERAN STATUS (PLEASE CHECK ONE OPTION) <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Vietnam Era Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Un-remarried Surviving Spouse	DISABILITY <input type="checkbox"/> Disability If you have a disability, you may indicate this by checking the box provided above. Your disclosure is voluntary and will be kept confidential.