

APPLICATION FOR EMPLOYMENT

AND

APPLICANT EQUAL OPPORTUNITY
SURVEY

Corporate Office
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Chamberlain Research Consultants is an Equal Employment Opportunity Employer pursuant to the requirements of Executive Order 11246, Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, 38 U.S.C. Subsection 4211, et seq., and Section 503 of the Rehabilitation Act, 29 U.S.C. Subsection 701, et seq. or any other applicable state or federal law. Our Company is also committed to a policy of Affirmative Action with regard to female, minority, handicapped, Vietnam Era and disabled veteran employees and applicants for employment. The United States government requires our Company to collect data on race, sex, ethnic classifications, handicapped, veterans and Vietnam Era veterans for the purpose of determining the impact of our employment procedures. Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this Equal Opportunity Survey. Your response is voluntary and your cooperation will be appreciated. This data is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from your Employment Application.

(PLEASE PRINT)

NAME _____ DATE _____
Last First Middle

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE: Advertisement Friend Relative Walk-In Employment Agency Other _____

CHECK ONE: SEX: RACE/ETHNIC GROUP:
 MALE White Black or African American Hispanic or Latino American Indian/Alaskan Native Asian or Native Hawaiian
 FEMALE Two or More Races Other Pacific Islander

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS

If you are a Vietnam Era veteran, a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any considerations you may receive for employment. If you wish to be identified, please provide the following information and sign below in the space provided.

CHECK IF ANY ARE APPLICABLE

Vietnam Era Veteran Disabled Veteran Handicapped Individual

IF HANDICAPPED OR DISABLED, PLEASE INDICATE ANY SPECIAL ACCOMMODATIONS TO ENABLE YOU TO PERFORM THE JOB PROPERLY AND SAFELY

SIGNED _____

EMPLOYMENT APPLICATION
(PRINT CLEARLY)

AN EQUAL OPPORTUNITY EMPLOYER

READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS. VARIOUS FEDERAL AND STATE LAWS, AS WELL AS REGULATIONS FOR FEDERAL GOVERNMENT CONTRACTORS, PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE (40-70), HANDICAP AND MILITARY SERVICE DURING THE VIETNAM ERA. NONE OF THE QUESTIONS CONTAINED HEREIN ARE INTENDED TO ELICIT INFORMATION IN VIOLATION OF THESE LAWS OR TO BE USED IN A DISCRIMINATORY MANNER.

TO APPLICANT:

PERSONAL	LAST NAME		FIRST NAME		MIDDLE NAME	SOCIAL SECURITY NUMBER	DATE OF APPLICATION	
	ADDRESS (NUMBER & STREET)				CITY	STATE	ZIP CODE	TELEPHONE NUMBER
	E-MAIL ADDRESS							
	ARE YOU AVAILABLE TO WORK ?				<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		ARE YOU LEGALLY PERMITTED TO WORK IN THE US? IF NO, ATTACH EXPLANATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ARE YOU PRESENTLY EMPLOYED?		IF YOU ARE EMPLOYED, WHAT IS YOUR PRESENT STATUS?					
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> LAYOFF <input type="checkbox"/> STRIKE <input type="checkbox"/> OTHER, EXPLAIN					
	HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT NAME?			HOW WERE YOU REFERRED TO CHAMBERLAIN RESEARCH?		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN						

JOB INTEREST	TYPE OF POSITION APPLIED FOR				SALARY EXPECTED	DATE AVAILABLE
	HAVE YOU EVER BEEN EMPLOYED BY CHAMBERLAIN RESEARCH? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN			
	CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING WITH OR WITHOUT A REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, STATE NAME AND RELATIONSHIP			

EDUCATION	CIRCLE HIGHEST GRADE OR YEAR COMPLETED	NAME OF SCHOOL	CITY AND STATE WHERE LOCATED	GRADUATE?	TYPE OF COURSES, MAJOR SUBJECTS, HONORS
	ELEMENTARY 1 2 3 4 5 6 7 8				
	HIGH SCHOOL 9 10 11 12			<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE 1 2 3 4			DEGREE:	
	OTHER GRADUATE OR TECHNICAL, COMMERCIAL CORRESPONDENCE, ETC			DEGREE:	

MILITARY	BRANCH OF SERVICE	DATE FROM	TO	RANK AT SEPARATION OR DISCHARGE
	PRINCIPAL DUTIES WHILE IN SERVICE			
	SPECIAL TRAINING RECEIVED			

EMPLOYMENT RECORD

START WITH THE MOST RECENT OR PRESENT EMPLOYER AND BE SURE TO ACCOUNT FOR ALL OF YOUR TIME SINCE YOU STARTED WORKING. INCLUDE SCHOOL OR COLLEGE VACATION EMPLOYMENT WHERE THIS IS YOUR ONLY WORK EXPERIENCE. USE A SEPARATE SECTION FOR EACH EMPLOYER AND FOR EACH PERIOD YOU WERE WITHOUT EMPLOYMENT OR WORKED FOR YOURSELF.

PREVIOUS EMPLOYMENT MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO IF NO, PLEASE INCLUDE A PROFESSIONAL REFERENCE WHO MAY BE CONTACTED TO VERIFY YOUR CURRENT EMPLOYMENT.

1	CURRENT OR MOST RECENT EMPLOYER (OR COMPANY)	LAST POSITION HELD	DEPARTMENT	FINAL SALARY
	STREET ADDRESS	EMPLOYED FROM (DATE TO DATE)	REASON FOR LEAVING	
	CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE	<input type="checkbox"/> WORK HOME
	PHONE WITH AREA CODE	ANOTHER SUPERVISOR / CO-WORKER	PHONE WITH AREA CODE	<input type="checkbox"/> WORK HOME
2	PREVIOUS EMPLOYER (OR COMPANY)	LAST POSITION HELD	DEPARTMENT	FINAL SALARY
	STREET ADDRESS	EMPLOYED FROM (DATE TO DATE)	REASON FOR LEAVING	
	CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE	<input type="checkbox"/> WORK HOME
	PHONE WITH AREA CODE	ANOTHER SUPERVISOR / CO-WORKER	PHONE WITH AREA CODE	<input type="checkbox"/> WORK HOME
3	PREVIOUS EMPLOYER (OR COMPANY)	LAST POSITION HELD	DEPARTMENT	FINAL SALARY
	STREET ADDRESS	EMPLOYED FROM (DATE TO DATE)	REASON FOR LEAVING	
	CITY/STATE/ZIP	SUPERVISOR	PHONE WITH AREA CODE	<input type="checkbox"/> WORK HOME
	PHONE WITH AREA CODE	ANOTHER SUPERVISOR / CO-WORKER	PHONE WITH AREA CODE	<input type="checkbox"/> WORK HOME

PROFESSIONAL REFERENCES PEOPLE YOU HAVE WORKED WITH ARE PREFERABLE. PLEASE DO NOT LIST RELATIVES. DO NOT REPEAT PEOPLE LISTED ABOVE.

1	NAME	STREET ADDRESS	CITY/STATE/ZIP	PHONE WITH AREA CODE	<input type="checkbox"/> WORK HOME
2	NAME	STREET ADDRESS	CITY/STATE/ZIP	PHONE WITH AREA CODE	<input type="checkbox"/> WORK HOME
3	NAME	STREET ADDRESS	CITY/STATE/ZIP	PHONE WITH AREA CODE	<input type="checkbox"/> WORK HOME

EDUCATION HISTORY PLEASE INDICATE THE HIGHEST LEVEL OR MOST SIGNIFICANT EVENT IN YOUR EDUCATIONAL HISTORY.

NAME OF INSTITUTION	CITY	STATE	ATTENDANCE DATES	DID YOU GRADUATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DEGREE	MAJOR			NAME USED DURING ATTENDANCE	

PROFESSIONAL LICENSE IF YOU HAVE A PROFESSIONAL LICENSE, PLEASE PROVIDE VERIFICATION INFORMATION BELOW.

LICENSE NUMBER	TYPE OF LICENSE	ISSUING AGENCY	STATE
NAME OF PERSON WE SHOULD NOTIFY IF YOU BECOME ILL OR INJURED	NAME	ADDRESS	PHONE WITH AREA CODE <input type="checkbox"/> WORK HOME

I understand that at any time during my employment and as a condition of my employment I may be required by management to take a physical examination which may include an alcohol and drug screening test and a polygraph test as permitted by law. I understand that if hired, I will be required to comply with all rules and regulations. I further understand that the benefits and rules and regulations may be changed, modified, deleted or added to at any time at the employer's sole option and without any prior notice. I further understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and me for either employment or for the providing of any benefits. No promises regarding employment or duration of employment have been made to me and I understand that no such promise or guarantee is binding upon the Company 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 the Company retains the right to terminate my employment without notice, with or without cause.

Signature _____ Date _____

DISCLOSURE

Please be advised that we and/or our agents, may obtain consumer reports and/or investigative consumer reports about you for employment purposes, including without limitation, for the purposes of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any additional notice. Consumer reports and/or investigative consumer reports (reference checks) may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, co-workers, clients, friends, associates and neighbors.

The Fair Credit Reporting Act (FCRA) provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any investigative consumer report (reference check). The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. You may also request a "Summary of your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and the scope of any investigative consumer report (reference check), please provide us a written request. To obtain a "Summary of Your Consumer Rights", simply let us know that you would like a copy.

AUTHORIZATION/CONSENT & RELEASE

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is requested solely for identification purposes.

I hereby authorize Chamberlain Research Consultants ("Company") and/or its agent, to prepare consumer reports and/or investigative consumer reports (reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.

I FURTHER AUTHORIZE ALL PERSONS, EMPLOYERS, SUPERVISORS, CO-WORKERS, SCHOOLS, COMPANIES, CORPORATIONS, ORGANIZATIONS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, LICENSING AND RECORD-KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING ANY CRIMINAL RECORDS, TO COMPANY AND/OR ITS AGENT.

I hereby voluntarily and knowingly release and discharge Company, its agents and any source of information from any and all claims, damages, losses liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

I certify that I have read and understand this entire document, including the above DISCLOSURE, and I agree that a copy of this document is as valid as the original.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE

