

EDUCATIONAL BACKGROUND (if job related)

A. List three (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. No. Years Completed	C. Degree/Diploma	D. GPA/Class Rank	Major	Minor

REFERENCES

List name and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Telephone	Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant: _____ Date _____

Aetna Bridge Company is an Equal Opportunity Employer and adheres to Executive Order 11246; Section 503 of the Rehabilitation Act of 1973; the Vietnam Era Veterans' Assistant Act of 1974; and the American with Disabilities Act of 1990, and their amendments.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status of any other legally protected status.

Date _____

Position(s) applied for _____

Referral Source:

- Advertisement Employee Relative Walk-In School
 Private Employment Agency Government Employment Agency Other

Name of Source (If Applicable): _____

Applicant's Name _____ ()
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Group:

- Hispanic Black White American Indian/Alaskan Native Asian/Pacific Islander

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OF DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- VIETNAM ERA VETERAN DISABLED VETERAN INDIVIDUAL WITH A DISABILITY

**To be completed by applicant - Not for interview purposes - To be filed separately from application.
This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.**

INVITATION TO SELF IDENTITY

Solely for Affirmative Action Purposes

NAME: _____ SSN: _____

This information is voluntarily given and your decision to not answer these questions will not affect our decision to hire you.

1. Do you have any physical or mental limitations which might preclude you from performing any duties on the job?

YES

NO

If yes, please explain how we might assist and accommodate your disability.

2. Are you a Veteran? YES

NO

Dates of Service: _____

During Vietnam Era? _____

Disabled Veteran? YES

NO

Disabled Non-Veteran? YES

NO

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