



P.O. Box 96027 • Las Vegas • NV • 89193-6027
Telephone (702) 295-1600

Please thoroughly read the information provided below before completing the WSI application forms:

- Information on the application must cover a period of 10 years. All dates required must include the month and year.
- All education for the past 10 years must be listed. Include all degrees ever received. If there is no education since high school enter none.
- Employment, unemployment, and residency must be covered for a period of 10 years. Account for all gaps in employment.
- Include first and last names of all supervisors with current contact information where a reference request can be mailed.
- If your military service is within the last year list three supervisors and their current contact information.
- **Current and complete mailing addresses including street address, city, state and zip code are required. Phone numbers require area codes.**
- **Notarization is NOT necessary on the "Authorization to Release Information for Background Checking" document.** Complete the upper portion of the form and **include** the signature of a witness.
- **Original documents are preferred.** A facsimile transmission is acceptable in order to meet position closing deadlines.
- Submit only the application, a resume and a copy of DD form 214, if applicable.

Note: Please print neatly in only black or blue ink when completing these documents.

Return the application to:

WSI Nevada Team
Attn: Receptionist
P.O. Box 96027
Las Vegas, NV 89193-6027

Telephone: (702) 295-1600
Facsimile: (702) 295-1838



APPLICATION FOR EMPLOYMENT

WSI-Nevada Operations is an Equal Opportunity/Affirmative Action Employer. Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or disability.

		Application Date	
Last Name		First Name	Middle Name
Street Address			
City		State	Zip Code
Home Phone ()		Cellular Phone ()	Other Phone ()
Social Security Number			

Position Applied For		Full-time <input type="checkbox"/>	Part-time/Hours and Days Available <input type="checkbox"/> _____
Salary Expected	Date Available	Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WSI must provide 24-hour per day service to its customers. Are you available to work whatever schedule is necessary to help us meet our corporate objectives and our obligation to our customers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what shifts or days are you available? _____			

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by WSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Where: _____ When: _____ Position: _____ Reason for leaving: _____	Have you ever filed a resume or employment application with WSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: When: _____ Position: _____	

Referral Source			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Job Service –	Specify: _____
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Internet	<input type="checkbox"/> Career Fair	<input type="checkbox"/> Other: _____

Names and relationships of relatives or acquaintances employed at WSI:
--

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted for the violation of any law in a military or criminal court that has not been sealed, annulled, or deleted from the record? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where: _____ When: _____
Type of conviction: _____

The following information will be considered only if it is relevant to the position for which you are applying or could bear upon state licensing requirements.
Are you currently using illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to what extent? _____

The following information will be used only to the extent that it is relevant to the qualifications and position for which you are applying.

Do you have a high school diploma or GED? Yes No If yes, name of high school: _____

Did you graduate from college? Yes No If yes, name of college: _____

Other education: _____

If applicable, list all computer skills/software programs in which you are proficient:

List all employment, including military, for the past 10 years beginning with your present job or last job held. If you need additional space, continue on page 4.

From Date	To Date	Employer			
Address		City	State	Zip Code	
Supervisor		Supervisor Telephone ()	Salary per		
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City	State	Zip Code	
Supervisor		Supervisor Telephone ()	Salary per		
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City	State	Zip Code	
Supervisor		Supervisor Telephone ()	Salary per		
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City	State	Zip Code	
Supervisor		Supervisor Telephone ()	Salary per		
Position Duties					
Reason for Leaving					

Your SS#

Have you ever been dismissed or asked to resign from employment? Yes No If yes, date: _____

Employer: _____ Reason: _____

Have you ever been granted a military or government security clearance? Yes No

If yes, level of clearance: _____

Do you have any special job skills or qualifications that may be relevant to the position for which you are applying? If so, describe:

Names of five persons who are not related to you and who are not former employers

Name and Occupation	Complete Mailing Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Understandings and Agreements

I understand that any misrepresentation, falsification, or omission of this application shall be sufficient reason for refusal or dismissal of my employment. I hereby authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment made by WSI may be withdrawn, or my employment with WSI may be terminated immediately. I agree to conform and adhere to the rules and regulations of WSI. Further, I understand and agree that this application and any other materials I may receive are not intended to be, nor shall be construed to be, a contract of employment, and that my employment and compensation may terminate, with or without cause and with or without notice, at any time, at the option of either WSI or myself.

In consideration of any offer of employment by WSI, I hereby acknowledge, understand and agree that the following will constitute terms and conditions of any such employment.

- (1) Any losses or expenses incurred by WSI, its clientele, or other third parties as a result of my unauthorized actions shall be immediately reimbursed to WSI on terms that are satisfactory and acceptable to WSI. To the extent permitted by law, I agree and hereby authorize WSI to reduce my wages for any sums owing by me hereunder; and
- (2) In recognition of the fact that any work related injuries that might be sustained by me are covered by state Workers' Compensation statutes, and to avoid the circumvention of such state statutes that may result from suits against the customers or clients of WSI based on the same injury or injuries, and to the extent permitted by law, **I hereby waive and forever release any rights I might have** to make claims or bring suit against any client or customer of WSI for damages based upon injuries that are covered under such Workers' Compensation statutes.

Signature of Applicant: _____ Date: _____

Your SS#

Work History Continuation Sheet

From Date	To Date	Employer			
Address		City		State	Zip Code
Supervisor		Supervisor Telephone ()		Salary per	
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City		State	Zip Code
Supervisor		Supervisor Telephone ()		Salary per	
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City		State	Zip Code
Supervisor		Supervisor Telephone ()		Salary per	
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City		State	Zip Code
Supervisor		Supervisor Telephone ()		Salary per	
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City		State	Zip Code
Supervisor		Supervisor Telephone ()		Salary per	
Position Duties					
Reason for Leaving					

Your SS#



TO: WSI-Nevada Operations
P. O. Box 96027
Las Vegas, NV 89193-6027

SUBJECT: ACKNOWLEDGEMENT OF REQUIREMENTS AND CONDITIONS OF EMPLOYMENT

I hereby acknowledge receipt of the **Requirements and Conditions of Employment** and the **Physical and Mental Requirements** for WSI. I certify that I have carefully read and fully understand these requirements and conditions.

Printed Name: _____

Signature Date



ADDRESS RECORD

Name: _____ Date: _____

Have you ever applied before with WSI? Yes No If yes, location: _____

The following information is required to support the personal reference and police record checks.

Present Address: _____
_____ How long? _____

Previous Addresses *List ALL addresses for the past ten years*

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Our application processing can take a considerable amount of time to complete before an employment offer can be made. We require the name, address, and telephone number of someone who will always know where you can be located, such as your parents.

Name: _____

Address: _____

_____ Telephone Number: _____

Signature: _____ Date: _____



Authority to Release Information for Background Checking

- TO:** Any person, organization or agency having knowledge of my character, conduct or activities; **OR**
 Any past or present employer; **OR**
 Any credit bureau, retail merchants' association, bank, financial institution or any other credit-extending organization; **OR**
 Any dean, registrar, principal, counselor, instructor or other authorized person at a school (university, college, high school, trade school, or other); **OR**
 Any department or agency of a city, county or state government, or of the federal government.

I, _____, hereby authorize **WSI-Nevada Operations**
 (Print Name)

to conduct an appropriate background check including but not limited to personal interviews to determine my eligibility to occupy a position of trust. I authorize all persons who may have information relevant to this background check to disclose the information to WSI or its agents; I release all persons from liability on account of such disclosure; and I release WSI and its employees from any damages or claims that may otherwise result from use or release of the information. I hereby further authorize that a photocopy of this authorization is as valid as an original.

 Signature Date

The following information is furnished for the purpose of positive identification.

Date of Birth: _____

Other Names Used: _____

 Witness Signature Date

Note: This release expires one year from the date of the signature.

.....
Notary Seal (if required)

Address: _____

State of: _____ County of: _____

Subscribed and sworn to before me this _____ day of _____ A.D. 20__.

 Notary Public

My commission expires _____



**Accident Record, Traffic Record,
Financial Responsibility**
(uniformed positions only)

1. How long have you been a licensed driver? _____

2. Have you been involved in an automobile accident within the last 5 years? Yes No

If Yes, explain: _____

3. Had you been drinking before the accident occurred? Yes No

Explanation: _____

4. Have you ever been convicted of a crime due to an accident? Yes No

5. Was your license ever suspended or revoked? Yes No

If Yes, why: _____

6. Have you had a ticket for traffic violations besides parking (exclude violations where the fine was \$250 or less)?
Yes No

If Yes, explain: _____

7. Have you ever been convicted of a violation of any law other than as described above? Yes No

If Yes, explain: _____

8. Have you ever declared bankruptcy, had your income garnished or been hounded by a collection agency?
Yes No

If Yes, explain: _____

Signature: _____ Date: _____



Experience Questionnaire

Name: _____ Date: _____

Answer all questions briefly but completely. If you feel you would benefit by elaborating, please use the reverse side.

1. **Security Experience** Yes No
When, where, how long: _____
Principal duties: _____

2. **Military Experience** Yes No
Branch: _____ Dates of Service: _____
Rank on Leaving: _____ Principal Duties: _____

3. **Police Experience** Yes No
When and where: _____
Principal duties: _____

4. **Weapons Experience** Have you received classroom marksmanship training? Yes No
If so, how many hours and _____
on which weapons: _____

Have you held a position in the past where job retention depended upon your consistent weapons ability? Yes No
If so, list the qualification course: _____

5. **Instructor Experience** Yes No
When, where, and subjects: _____

6. **Supervisor Experience** Yes No
Describe: _____

7. **Procedure Writing Experience** Yes No
Describe: _____

8. **Driving Experience**
Standard Shift Yes No 4-Wheel Drive Yes No
Automatic Yes No Motorcycle Yes No



Supplemental Application Form

Name: _____ Date: _____

Position you are applying for: _____

WSI-Nevada Operations receives many applications for each job opportunity and we strive to select the best person for each job. This additional information about your knowledge and skills will assist us in making our decision. Please furnish complete answers that include explanations of the difficulty and complexity of your work and your level of responsibility. Use the reverse side if you need additional space.

Describe the extent of your security-related experience:

List any education or training related to security work:

Describe your experience with firearms:

Explain how you have applied the above knowledge and skills to advance your career:

Describe why you believe you would be an asset to WSI:



WSI-Nevada Operations is under contract to provide security for the Department of Energy at the Nevada Test Site. WSI has a paramilitary mission to resist a threat or attack by any necessary means up to and including the use of deadly force.

UNIFORMED PERSONNEL MINIMUM REQUIREMENTS & CONDITIONS FOR EMPLOYMENT

Note: Most requirements and conditions are based upon federal law; U. S. Department of Energy and U. S. Code of Federal Regulations citations are available upon request.

- 1. Application completed in own handwriting.**
- 2. Must be a U.S. citizen and be at least 21 years of age (or within six months of 21st birthday). Evidence of age (birth certificate, naturalization papers, etc.) must be presented with application for security clearance.**
- 3. Must be able to communicate orally and in writing in English at the high school level. A high school diploma or G.E.D. is required.**
- 4. Must have been honorably discharged if served in a branch of the military service, and must provide DD Form 214.**
- 5. Must be emotionally stable and mentally alert. Will be required to take and pass a psychological examination. Please note attached mental qualification description.**
- 6. Will be required to submit to a medical examination and physical fitness evaluation.**
 - 6.1 See attached medical and physical qualification requirements.**
 - 6.2 Drug and Alcohol screen will be performed.**
- 7. Must have valid civilian driver's license at time of job offer and a good driving record. Employees are subject to local and state traffic laws while operating motor vehicles in the course of their assigned duties.**
- 8. Must abstain from present illegal use of prescription/non-prescription substances and/or alcohol abuse.**
- 9. Must not have any felony convictions or other serious offenses that would prevent issuance of a security clearance to do armed security police officer work.**
- 10. Must advise the company Human Resources internal security/Human Reliability Program staff verbally within two days and in writing within three days thereafter, of any arrest, charge, or detention by any law enforcement authority for any violation of any laws, regulations or ordinances (excluding traffic violations with fines of less than \$250).**
- 11. Must have work and character background that would permit WSI to obtain a security clearance for you. A signed consent to release personal information must be submitted with employment application. Reference checks must be complete before submission for security clearance.**
- 12. Must be willing to use deadly force, if necessary, in defense of your life, the lives of others or to preclude the theft or sabotage of a nuclear weapon.**
- 13. Must be able to adapt to adverse work conditions encountered by security personnel including, but not limited to, inclement weather, solitary duty in desolate areas, underground work stations, and must be willing and able to fly in small aircraft.**
 - 13.1 Normally scheduled shift is 12 hours and may be 13-16 hours per day and usually averages four shifts per week.**
 - 13.2 Will be required to work additional hours during emergency requirements over which the company has no control. Will be expected to volunteer for overtime work during high staffing requirements and will be required to do so when there are insufficient volunteers.**
 - 13.3 Will be required to work days, nights, weekends, and holidays.**
 - 13.4 Must be willing to work at the Nevada Test Site, located 65 miles north of Las Vegas.**

14. **Must be able to qualify with SIG .40 cal pistol, M-4 rifle, M240 machine-gun, and HK69 grenade launcher.**
15. **Must have the ability to pass the work-related examinations given during the training period with an average of 75% or better.**
16. **Must satisfactorily complete the 20-week probationary period.**
17. **Must keep the company informed of any changes in your personal status (e.g., home address, telephone number, marital status, dependents)**
18. **Must supply a telephone number where you can be contacted during off-duty hours for operational work requirements.**
19. **Must be mentally alert and capable of exercising good judgment, implementing instructions, and assimilating necessary specialized training. All uniformed employees must be capable of reading and comprehending security orders written or spoken in English. Emotional and mental stability is essential for the effective performance of uniformed duties. Uniformed personnel duties routinely require contact with the public, they carry firearms and, under emergency situations, they may work long periods without relief. Absence of detectable neurotic or psychotic conditions that would adversely affect a uniformed employee's ability to handle firearms safely or to act safely and effectively in emergency conditions is a necessity.**

WSI EMPLOYEE BENEFITS

- **WSI-Nevada Operations provides weapons, leather, uniform and laundry maintenance**
- **Weapons Proficiency Pay is awarded semi-annually**
- **Tactical Proficiency Pay is awarded annually**
- **Security police officer performance awards are paid each quarter and annually**
- **Other fringe benefits include holiday, sick leave and vacation policies**
- **Pension and 401(k) savings plans are available**
- **Available insurance plans include medical, dental, vision, life, accidental death and dismemberment, and disability**
- **Nevada Test Site accommodations are for employees only. Dormitories are available for a fee. If you wish to commute from Las Vegas, low-cost bus transportation is available, in most cases. A subsistence amount is paid to employees assigned to work at the Nevada Test Site for actual days worked.**
- **Employees are paid for exercising to maintain fitness standards**

We realize that all potential questions may not be answered. If you have additional questions, please feel free to contact us at (702) 295-1600.

WSI-Nevada Operations is an **EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**. We offer employment opportunities without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability for those who meet our stated requirements.

MINIMUM PHYSICAL STANDARDS FOR DOE UNIFORMED EMPLOYEES

Note: Title 10 US Code of Federal Regulations Part 1046, Appendix A, Subpart B, paragraph E, identifies several disqualifying physical conditions.

FACTOR EXAMINED	UNIFORMED EMPLOYEES
GENERAL QUALIFICATION	Shall possess mental sensorial and motor skills as required to perform safely and effectively on all assigned job duties.
EYE SIGHT	Total blindness in one or both eyes is medically disqualifying.
Distant Vision	Uncorrected: Acuity of no less than 20/200 in better eye. Corrected: At least 20/30 in better eye and 20/40 in other eye. If uncorrected distant vision in the better eye is not at least 20/40 must carry an extra pair of corrective lenses.
Near Vision	Corrected or uncorrected vision of at least 20/40 (14/28 smaller) in the better eye.
Field of Vision	Not less than 140 horizontal median.
Depth Perception	Adequate as measured by stereopsis.
Color Perception	Able to distinguish red, green, yellow.
MOUTH AND THROAT	Clear and audible speech as required for effective communication on the job.
NOSE	Able to detect odor of products of combustion and of tracer and marker gases.
HEARING	Hearing loss in the better ear not to exceed 30 db average at 500, 1000, and 2000 Hz, with no level greater than 40 db in any of these frequencies if hearing aid is required.
CARDIORESPIRATORY	
Respiratory	Capacity and reserve to perform physical exertion in emergencies at least equal to the demands of the job assignment and ability to use respiratory protective filters/air supply masks when required.
Cardiovascular	Normal configuration and function. Capacity for exertion during emergencies. Normal resting pulse; regular pulse. Full symmetrical pulses in extremities and neck. Normotensive, with tolerance to rapid postural changes. Evidence of significant cardiac arrhythmia, murmur, enlargement, hypertension, hypotension, or other cardiovascular abnormality may require additional testing and evaluation.
ENDOCRINE/ENDOCTRINAL NUTRITIONAL/METABOLIC	Adequate to meet stresses and demands of assigned normal and emergency job duties. Able to change work schedules or delay meals with potential or actual incapacity.
VITAL ORGANS AND SKELETAL FORM	
Musculo-Skeletal	Normal symmetrical structure, range of motion, and power.
Abdomen and Viscera	No clinically significant abnormalities of blood that could be expected to affect safe and effective performance.
Hematopoietic	Normal function. Freedom from disorders which may interfere with the safe and effective performance of assigned job duties.
Lymphatic	Normal
Neurological	Normal. Central and peripheral nervous system functions.
LABORATORY	
Hemogram	No clinically significant abnormalities.
Urinalysis	Absence of proteinuria and glycosuria, unless the absence of a disqualifying systemic or genitourinary condition and the absence of significant microscopic abnormality has been demonstrated.
Chest X-ray and Electrocardiogram	Normal
SKIN, HEAD, FACE, NECK AND SCALP AND ABILITY TO WEAR REQUIRED EQUIPMENT	Able to wear necessary equipment, including belt, holster, revolver, respiratory protective filter, protective clothing, air supply and gas masks. No significant intolerance to chemical, mechanical or other physical agents or decontamination procedures.
MENTAL AND EMOTIONAL	Normal mental status and an absence of neurotic or psychotic conditions which would affect adversely an ability to handle firearms safely or to act safely and effectively under normal and emergency conditions.

U. S. Department of Energy Physical Fitness Test

Candidates must meet the Offensive Combative Physical Fitness Standard established by Title 10 U. S. Code of Federal Regulations Part 1046, as described below:

Prior to job placement the applicant must demonstrate his/her ability to run the distance of one mile in 8 ½ minutes and to complete a 40 yard prone-to-running dash in 8 seconds.

The applicant should not attempt to meet this physical fitness requirement until he/she has been medically cleared to do so by the U. S. Department of Energy Site Occupational Medical Director. (Applicants are encouraged to consult their personal physician before attempting this test or entering any strenuous exercise program.)

Title 10 U. S. Code of Federal Regulations Part 1046, Appendix A, Subpart B, Paragraph E, states that the following conditions could be disqualifying.

E. Medical Disqualification Standards

- (1) *Freedom From Incapacity.* The examinee shall be free of any condition, habit, or practice that could reasonably be expected to result in sudden, subtle, or unexpected incapacitation.
- (2) *Conditions for Medical Disqualification.* The presence of any of the following conditions shall disqualify the examinee from employment as a security police officer.
 - (a) *Respiratory.* Significant pulmonary pathology or decrease in pulmonary function that could interfere with the safe and effective performance of assigned job duties.
 - (b) *Cardiovascular*
 1. Ischemic Heart Disease
 2. Myocardial Infarction
 3. Coronary Insufficiency
 4. Angina Pectoris
 5. Heart Failure
 6. Significant Arrhythmia
 7. Arterial Aneurysm
 8. Significant Peripheral Vascular Insufficiency
 9. Corrective Heart Surgery
 10. Corrective Arterial or Great Vessel Surgery
 11. Prosthetic Valve
 12. Artificial Pacemaker
 - (c) *Endocrine/Nutritional/Metabolic*
 1. Any endocrine, nutritional, or metabolic condition that would not allow the examinee adequately to meet the stresses and demands of assigned normal or emergency job duties.
 2. Inability to accommodate to changing work schedules or to a delay in meals without potential or actual incapacity.
 3. Inability to tolerate prolonged use of wearing of protective garments such as respirator masks, air masks, or bullet-resistant garments.
 4. Diabetic mellitus requiring the use of insulin. Uncontrolled diabetes, ketoacidosis, or diabetic coma within the previous two (2) years.
 5. Obesity of such degree that it would interfere with the safe and effective performance of normal and emergency job duties.
 - (d) *Skin.* Recurrent severe dermatitis or hypersensitivity to irritants or sensitizers sufficient to interfere with wearing required personal protective equipment or likely to be aggravated by or interfere with established or required decontamination procedures.
 - (e) *Hematopoietic Dysfunction.* Clinically significant hematopoietic disorders that may interfere with the safe and effective performance of assigned job duties.
 - (f) *Malignant Neoplasms.* Malignant neoplastic disease.
 - (g) *Neurological.*
 1. History of epilepsy or other convulsive disorder.
 2. History of any disturbance of consciousness or neurological disease or any other presently existing condition that may interfere with the safe and effective performance of assigned job duties.
 - (h) *Eyes.* Total blindness in one or both eyes.
 - (i) *Mental and Emotional.* An established history or clinical diagnosis of any of the following:
 1. Any psychological or mental condition that could cause impaired alertness, judgment, or motor ability. A history of clinically significant emotional or behavioral problems shall require thorough clinical evaluation, which may include, but not necessarily be limited to, psychological testing and psychiatric evaluation.
 2. Attempted suicide or an expressed threat of suicide.
 3. A condition in which a person's intake of alcohol is sufficient to damage his or her physical health, job performance, personal functioning, or when alcohol has become a prerequisite to his or her daily functioning.
 4. A condition in which a person is addicted to or dependent on drugs as evidenced by habitual use or a clear sense of need for the drug.
 5. The use of prescribed or otherwise legally obtainable medication taken in such a dosage that a temporary delay in taking such medication might result in unacceptable incapacity. Examples of such medications are certain dosages or requirements for steroids, anticoagulants, antiarrhythmics, sedatives, and tranquilizers.



EEO Data Sheet

This form is to be distributed to all applicants.

Wackenhut is a Federal Government Contractor and subject to Executive Order 11246 , as amended, Section 503 of the Rehabilitation Act of 1973, and 38 USC 2012, the Vietnam Era Veterans Readjustment Assistance Act of 1974. To meet government reporting regulations, applicants are requested to complete this data sheet. This information will be used solely for government reporting purposes. It will not be used as a selection criterion and will be treated as personal and confidential. Provision of any of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Your cooperation will be greatly appreciated.

PLEASE PRINT

Name: _____ Social Security Number: _____

Position Applied For: _____ Date Applied: _____

GENDER CATEGORY (Check One)

Male _____ Female _____ I prefer not to provide my gender _____

ETHNIC CATEGORY (Check One)

_____ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

_____ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Two or More Races (Not Hispanic or Latino)**
All persons who identify with more than one of the above five races.

_____ **Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ I prefer not to provide my ethnic information.

For Wackenhut use only:

NOTE TO MANAGER: This form is to be filed separate from the application and personnel record.

_____ Initial here if a VISUAL SURVEY was conducted to determine gender and/or ethnic categories.