



# Application for Employment

Applicants for employment are considered without regard to race, color, religion, religious creed, sex, pregnancy, sexual orientation, marital status, results of genetic testing, ancestry, national origin, citizenship, age, past or present disability, history of mental disorder, mental retardation, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency  
 On-Line  Company Web Site  Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Telephone ( ) \_\_\_\_\_

Are you under 18?  Yes  No

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you previously filed an application here?  Yes  No

If yes, give date \_\_\_\_\_

Have you ever been employed here?  Yes  No

If yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No  
If No, why? \_\_\_\_\_

(Proof of authorization to work and of your identity will be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part Time  Shift Work  Temporary  Over Time

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No Drivers License:  Yes  No

Lic.# \_\_\_\_\_ State of Issue: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF CHECKED**

Indicate what languages (including English) you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REFERENCES**

Give name, address and telephone number of three references who are not related to you. (previous employers preferred)

NAME	ADDRESS	PHONE NUMBER

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, marital status, results of genetic testing, national origin, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Employer	Phone	Work Performed
Address	FAX	
City, State, Zip		
Job Title		
Supervisor	Dates Employed:	
Reason for Leaving		
Employer	Phone	Work Performed
Address	FAX	
City, State, Zip		
Job Title		
Supervisor	Dates Employed:	
Reason for Leaving	Starting      Final	

Employer	Phone	Work Performed
Address	FAX	
City, State, Zip		
Job Title		
Supervisor	Dates Employed:	
Reason for Leaving	Starting      Final	

  

Employer	Phone	Work Performed
Address	FAX	
City, State, Zip		
Job Title		
Supervisor	Dates Employed:	
Reason for Leaving	Starting      Final	

How many days were you absent from your last job?	
How many Mondays or Fridays were you absent in the last 12 months (other than vacation/holidays)?	

If you need additional space, please continue on a separate sheet of paper.

## Education

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed (please Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities:				

Honors Received:

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either me or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

**I understand that false or misleading answers or statements, or significant omissions made by me on this application shall be sufficient cause for denial of employment or termination of employment.**

Signature of Applicant

Date

# EEO-1 Self-Identification Form

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The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

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(PLEASE PRINT)

Date: \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Sources:     Advertisement     Friend     Relative     Walk-In  
                           Employment Agency     Company Website     Other

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Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
          LAST                            FIRST                            MIDDLE

Address \_\_\_\_\_  
          NUMBER                            STREET                            CITY                            STATE                            ZIP CODE

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## EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: \_\_\_\_\_

Check one:             Male             Female

{Please Finish Survey on Back of Page}

## EEO-1 Survey (Continued)

### ***Ethnicity:***

Are you Hispanic or Latino?

No, I am **not Hispanic or Latino**.

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

***Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:***

What is your race? Select **ONE** of the following categorie(s):

**White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black or African American** – A person having origins in any of the Black racial groups of Africa.

**American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian**– 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** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or More Races** – All persons who identify with more than one of the above five *rases*.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

**Veteran** - As defined under one or more of the following:

- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
- was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
- who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
- one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

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FOR PERSONNEL DEPARTMENT USE ONLY

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Position(s) Applied For Is Open:     Yes             No

Position(s) Considered For: \_\_\_\_\_ Date \_\_\_\_\_

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## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.