

INVITATION TO SELF-IDENTIFY

This employer is a government contractor subject to the regulations enforcing Executive Order 11246, anti-discrimination laws and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). As such, this employer is required to ask employees to provide their race, gender, and veteran information so that we can monitor our compliance under the regulations. Providing this information is strictly voluntary. Failure to provide it will **NOT** subject you to any adverse employment action. This page will be detached from your application/personnel file and will be confidentially maintained in a separate folder.

GENDER

Male Female

RACE

- Hispanic or Latino = A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- African American / Black (Not Hispanic or Latino) = A person having origins in any of the black racial groups of Africa.
- 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.
- 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.
- 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.
- 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.

VETERAN STATUS (choose all that apply)

- Disabled Veteran - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran - any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- Active Duty Wartime or Campaign Badge Veteran - a veteran 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 under the laws administered by the DOD.
- Armed Forces Service Medal Veteran - A veteran who, while serving on active duty in the US military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985
- I am NOT a protected veteran.

How were you referred?

- Walk-In
- Ad
- State Employment Service
- Employee (Name)
- Other (Specify)

Name

Today's

Date (MM/DD/YYYY)

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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.¹ 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
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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.

ⁱ 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.

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.

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants are considered for employment without regard to race, color, religion, sex, national origin, sexual orientation, marital status, age, disability, and veteran or citizenship status. Employment with our company is at the will of the employee and the employer. **In order to be considered for employment, this application must be fully completed.**

Date	Position Applied For/Location (<i>Please be specific</i>):	Date Available for Employment:
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Are there any hours that you would be unable to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What Hours?
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Basic Information – Please Print in Ink

Name: (In Full) Last – First – Middle				
Please indicate other names you have used in previous employment or schooling. State name and dates:				
Residence: Street Address	City	State	County	Zip Code
Home Telephone ()	Alternate Telephone ()		Social Security Number	
Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?			Are you UNDER 18 years of age?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you possess a valid driver's license (applicable only for positions requiring a valid driver's license)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever applied for employment with us?		Have you ever been employed here before?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:		
Do any of your relatives work here? If yes, give name and relationship.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Previous Addresses During the Last Three Years

Street Address	City	State	Zip	County	From/To

RECORD OF EMPLOYMENT

List All Additional Employers on a Supplemental Sheet

EMPLOYER (present or last)::				Supervisor's Name	
Street Address		City	State	Zip Code	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start _____ End _____		From _____ To _____	
Describe Responsibilities:					
Reason for leaving last position or wanting to leave current position:					
Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER (present or last)::				Supervisor's Name	
Street Address		City	State	Zip Code	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start _____ End _____		From _____ To _____	
Describe Responsibilities:					
Reason for leaving last position or wanting to leave current position:					
Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER (present or last)::				Supervisor's Name	
Street Address		City	State	Zip Code	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start _____ End _____		From _____ To _____	
Describe Responsibilities:					
Reason for leaving last position or wanting to leave current position:					
Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER (present or last)::				Supervisor's Name	
Street Address		City	State	Zip Code	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start _____ End _____		From _____ To _____	
Describe Responsibilities:					
Reason for leaving last position or wanting to leave current position:					
Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION AND TRAINING

(Please list all high schools, colleges, and special courses attended, time at each and grades completed.
Also list below any professional designations or professional courses completed).

High School					
Business					
College					
Graduate					

JOB INFORMATION

Have you ever been asked to resign or been discharged from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever been placed on probation, counseled, warned or disciplined for violation of company policy or work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No Refused Bond? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any additional information, training, and/or work experience that you would like to share that you feel would assist in communicating your qualifications for the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

DISCLOSURE STATEMENT

This company does not discriminate in hiring or any employment practice on the basis of race, color, religion, sex, national origin, sexual orientation, ancestry, age, or citizenship status nor does this company discriminate against any employee or candidate for employment because of veteran status or physical or mental disability. No question on this application is intended to secure information to be used for such discrimination. If you feel that you have been discriminated against in any prohibited manner during the selection process, please ask to speak to someone in Human Resources in order for the matter to be investigated further.

STATEMENT OF AGREEMENT

I certify that the answers given herein and during an interview are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the employer permission to contact schools, previous employers, references, and all others, and hereby release the employer from any liability as a result of such contact, unless otherwise noted in this application. I understand that misrepresentation, omissions of facts, or incomplete information requested in this application may remove me from further consideration for employment or may result in dismissal should I be employed.

I hereby acknowledge that I have read the foregoing statement and understand the contents.

It is agreed and understood that this Application for Employment in no way obligates this company to employ me and that any offer of employment is subject to the terms and conditions stated on this application form. I agree and understand that my employment is for no definite duration and may be terminated at will by either the company or me. It is agreed and understood by me that participation in any of the benefits programs of this company does not create a contract of employment. Additionally, any statements in the Company's employee handbook does not create a contract, the employee handbook should not be construed as a contract and cannot create a contract of employment for any definite duration. I agree and understand that only the President has the authority to establish a contract of employment with me and that any such contract must be in writing, designated as an employment contract, and signed by both parties.

If required for the position for which I am applying, I will consent to a post offer pre-employment physical examination and blood or urine analysis at the company's expense. (Note: this analysis may test for controlled substances.) I understand that if I falsify responses to medical inquiries, including my history of worker's compensation claims, I may be terminated from employment and precluded from receiving worker's compensation benefits and/or unemployment benefits. Further, I understand that any employee or former employee who makes knowingly false or fraudulent material statements or misrepresentation for the purpose of obtaining worker's compensation benefits may be guilty of felony.

If hired, I pledge to abide by the company's policies concerning equal employment opportunity and prohibition of unlawful harassment. Further, I promise to immediately report any violation of such policies in the manner set forth in those policies.

In the event of my employment, any company materials entrusted to me during the course of my employment will be returned to the company on the last day of my employment, whether I resign or am terminated. I agree and understand, that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation in any manner whatsoever any confidential information concerning any matters affecting or relating to the business of the Employer, including, without limiting the generality of the foregoing, any of its customers, its services or products, its manner of operation, its plans or other "proprietary information." I understand that I may be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

I understand that this application will only remain active for consideration for 60 days.

Date _____ **Signature** _____