

Standard Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

| | |
|------------|-----------------------|
| "Employer" | Position applying for |
|------------|-----------------------|

| | | | |
|---------------------------------------|---------------------------|---|-----|
| PERSONAL DATA | | | |
| Name (last, first, middle) | | | |
| Street Address and/or Mailing Address | City | State | Zip |
| Home Telephone Number | Business Telephone Number | Cellular Telephone Number | |
| Date you can start work | Salary Desired | Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | | | |
|--|--|---|--|
| POSITION INFORMATION Check all that you are willing to work | | | |
| Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | Days <input type="checkbox"/> Evenings <input type="checkbox"/> | Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends <input type="checkbox"/> | Status: Regular <input type="checkbox"/> Temporary <input type="checkbox"/> |
| Are you authorized to work in the U.S. on an unrestricted basis? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: | | | |
| Have you been told the essential functions of the job or have you viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | | | |
|---|-------------|--------|--------------------|
| QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training. | | | |
| | School Name | Degree | Address/City/State |
| School | | | |
| School | | | |
| Other | | | |

| | | | |
|--|--|--|--|
| SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.) | | | |
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|---|--------------------|-------|--------------|
| REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references. | | | |
| Name | Address/City/State | Phone | Relationship |
| | | | |
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| | | | |

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

| | | |
|---------------------|------------------------|----------------------|
| Job Title #1 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | Starting Salary | Ending Salary |

May we contact your present employer? Yes No N/A

| | | |
|---------------------|------------------------|----------------------|
| Job Title #2 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | Starting Salary | Ending Salary |

| | | |
|---------------------|------------------------|----------------------|
| Job Title #3 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | Starting Salary | Ending Salary |

| | | |
|---------------------|------------------------|----------------------|
| Job Title #4 | Start Date (mo/day/yr) | End Date (mo/day/yr) |
| Company Name | Supervisor's Name | Phone Number |
| City | State | Zip |
| Duties: | | |
| Reason for Leaving | Starting Salary | Ending Salary |

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date

CONFIDENTIAL

Employee EEO Self-Identification Form

Notice - Completion of this form is voluntary.

We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Employee *EEO Self-Identification Form* is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. Completion of this form is optional and voluntary. We appreciate your assistance.

1. Date Completed:
2. Employee Name:
3. Position Title:
4. Social Security Number: Last 4 Digits:

Voluntary Self-Identification of Ethnicity, Race and Gender

5. Race/Ethnic Code: (Please Select One)

Ethnicity:

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

Race:

White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;

Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa;

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;

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 Alaskan 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 maintains tribal affiliation or community recognition; and

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

6. Sex/Gender Code: (Please Select One)

Male Female

Signature:

Date:

THANKS FOR YOUR ASSISTANCE!

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS

(CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN Date of Discharge or Release:
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN

- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

EMPLOYEE NAME: DATE:

POSITION TITLE:

SIGNATURE:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

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.