

# Application For Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Applicants may request accommodation to participate in the application process.

**(PLEASE PRINT)**

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Newspaper		<input type="checkbox"/> Friend or Relative		<input type="checkbox"/> DVR	
<input type="checkbox"/> Private Employment Agency		<input type="checkbox"/> Job Center		<input type="checkbox"/> Internet	
<input type="checkbox"/> Other _____					
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Are you 18 years of age or older?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status 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

Are you currently on "layoff" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Can you routinely lift 55 pounds if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
ELEMENTARY				
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

Do you speak a foreign language?  Yes  No If yes, list and describe proficiency: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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Describe any job-related training received in the United States military.

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## Specialized Skills

## Check Skills / Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> MS Office	<input type="checkbox"/> Upholstery	Other (list):
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Forklift	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Spread Sheet	<input type="checkbox"/> Staple Gun	_____
<input type="checkbox"/> PBX System	<input type="checkbox"/> Database		_____
<input type="checkbox"/> Fax	<input type="checkbox"/> Sewing		

List any job-related professional, trade, business, civic, or volunteer activities and offices held.  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

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Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.** Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.  Yes  No

# Employment Experience

List all previous employment starting with your most recent job. Include any job-related military service assignments.

Employer		DATES EMPLOYED		WORK PERFORMED:
Address		From	To	
Telephone Number(s)		HOURLY RATE/ SALARY		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer		DATES EMPLOYED		WORK PERFORMED:
Address		From	To	
Telephone Number(s)		HOURLY RATE/ SALARY		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer		DATES EMPLOYED		WORK PERFORMED:
Address		From	To	
Telephone Number(s)		HOURLY RATE/ SALARY		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer		DATES EMPLOYED		WORK PERFORMED:
Address		From	To	
Telephone Number(s)		HOURLY RATE/ SALARY		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

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

<p><b>Other Qualifications</b> Summarize special job-related skills and qualifications acquired from employment or other experience.</p> <p>_____</p> <p>_____</p>
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<p>State any additional information you feel may be helpful to us in considering your application.</p> <p>_____</p> <p>_____</p>
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# Affirmative Action Data Record

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for the Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

(Please Print)

Position(s) Applied For _____				Date _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Telephone Number(s)			Social Security Number		

### Referral Source:

Newspaper     
  Employee     
  Job Center     
  Private Employment Agency  
 Friend, Relative     
  Internet     
  DVR     
  Other \_\_\_\_\_

Check One:     Male     Female

Check One of the Following: (Ethnic Origin)

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

Check If Any of the Following are Applicable:

Vietnam Era Veteran     
  Disabled Veteran     
  Disabled Individual

Birthdate

FOR POST HIRE USE ONLY

**FOR AFFIRMATIVE ACTION PROGRAM USE ONLY**

Position(s) Applied for is Open:     Yes     No

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

Date \_\_\_\_\_

Hired .....  Yes     No

Start Date ..... \_\_\_\_\_

Position .....

**EMPLOYMENT ANALYSIS REGISTER**

Gender:	
Race:	
Disability:	
Other:	
Referral Source:	
EEO1 Category:	
Disposition:	

**NOTES:**

**Completed By** \_\_\_\_\_ **Date** \_\_\_\_\_

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires \_\_\_\_\_

## 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 \_\_\_\_\_

## 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.