

EMPLOYMENT APPLICATION					
PERSONAL DATA					
Position applying for:		Date of Application	SOCIAL SECURITY #	Home Phone	Cell Phone
FIRST NAME	Middle Name	Last Name	Suffix	EMAIL ADDRESS:	
Address (Number/Street)			City	State	Zip Code
Are you 18 years or older? YES <input type="checkbox"/> NO <input type="checkbox"/>	Current Position:	May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, where and when:		
Salary Desired	Are you a relative of a current Company Employee?	Date you can begin:	To what extent can you work? FT PT Temporary	Are you willing to relocate if necessary?	
EDUCATION - HIGH SCHOOL	ADDRESS				GRADUATED? YES <input type="checkbox"/> NO <input type="checkbox"/>
COLLEGE/UNIVERSITY	ADDRESS				DEGREE
TRADE/TECHNICAL TRAINING	ADDRESS				TRADE
Military Service? YES <input type="checkbox"/> NO <input type="checkbox"/>	Branch of Service:	Dates of Service:	Highest Rank Held:	Training/Experience	
Are there any reasonable workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____					
Please list any additional information that relates to your ability to perform the job for which you have applied: _____					
EMPLOYMENT HISTORY					
BEGIN WITH YOUR MOST RECENT EMPLOYER (For the past 5 years - Attach additional sheet if necessary)					
EMPLOYER			DATES OF EMPLOYMENT		
ADDRESS			PHONE NUMBER ( )		
SUPERVISOR'S NAME		SALARY	REASON FOR LEAVING		
EMPLOYER			DATES OF EMPLOYMENT		
ADDRESS			PHONE NUMBER ( )		
SUPERVISOR'S NAME		SALARY	REASON FOR LEAVING		
EMPLOYER			DATES OF EMPLOYMENT		
ADDRESS			PHONE NUMBER ( )		
SUPERVISOR'S NAME		SALARY	REASON FOR LEAVING		

**REFERENCES**

Please list below at least three persons who have knowledge of your work performance within the last five years. Please include professional references only.

NAME	ADDRESS	PHONE NUMBER ( )
Company	Relationship	

  

NAME	ADDRESS	PHONE NUMBER ( )
Company	Relationship	

  

NAME	ADDRESS	PHONE NUMBER ( )
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**AUTHORIZATION**

The Company is an equal opportunity employer. The Company does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. I authorize the Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Special Note: The Company is a government contractor and security clearances are required for certain positions. The granting of a security clearance, if required by the government, is a condition of new or continuing employment for these positions.

I understand and agree that I may be required to take one or more physical examinations and/or substance test(s) as a condition of hiring or continued employment. I agree and consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s)."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

## Voluntary Affirmative Action Information

*Our Company is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, gender identity, age, disability, veteran status or any other legally protected class. As required by law, we must record certain information. Applicants are invited to participate in the Affirmative Action Program by reporting their status as minority, disabled veteran or other veteran status, or other disabled. In extending this invitation you are advised that: 1) you are under no obligation to respond, but may do so in the future if you choose; 2) responses will remain confidential within the Human Resources Department; and 3) responses will be used only for the necessary reporting.*

*In an effort to help us comply with legal record keeping requirements regarding Affirmative Action, we ask that you complete the information requested below. Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. If you choose to participate by completing this form, we thank you for your cooperation.*

### VOLUNTARY INFORMATION – Please Print

NAME (optional) (Last, First, M.I.):

Social Security Number (optional):

Position(s):

Date of Hire:

Check One:

Male

Female

Check One (Race/Ethnic Group):

White

Black or African American

Hispanic or Latino

Asian

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Two or More Races

**Special Employment Notice:** *If you are a veteran you are invited to volunteer this information which will be treated as confidential. The veteran information is requested in accordance with 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).*

**I belong to the following classifications of Protected Veterans (choose all that apply):**

**Disabled Veteran** – a veteran of the U.S. military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veterans Affairs; or a 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** – any veteran who served on active duty in the U.S. military ground, naval or air service during a war or campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces Service Medal Veteran** – Veterans who, while serving on active duty in the Armed Forces, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**I am a Protected Veteran, but I choose not to identify the classification to which I belong.**

**I am NOT a Protected Veteran.**

**I do not want to self-identify.**

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Equal Opportunity Employer

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

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

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**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.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_