

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all four pages.
2. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
3. Provide only requested information. Failure to do so may result in disqualification of your application.
4. Some packets may include an EEOC Self Identification Form. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

PHONE: _____ EMAIL: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

AVAILABILITY

What date can you start? _____ What category would you prefer? Full time Part time Temporary Labor pool

For which schedules are you available? * Weekdays Weekends Evenings Nights Overtime Shift Other _____

*Reasonable efforts will be made to accommodate sincerely held religious beliefs.

JOB-RELATED SKILLS

- Yes No Have you been given a job description or had the essential functions of the job explained to you?
- Yes No Do you understand these essential functions?
- Yes No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation?

PROFESSIONAL LICENSES AND CERTIFICATIONS

Yes No Are you licensed/certified for the job applied for?

Name of license/certifications: _____

License/certification number: _____ Issuing State: _____

Yes No Has your license/certification ever been revoked or suspended?

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

7 8 9 10 11 12 13 14 15 16 16+

Please select highest grade completed.

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

In Massachusetts an applicant may include any verified work performed on a volunteer basis.

MOST RECENT EMPLOYER			<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?
			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?
			PHONE FAX
COMPANY NAME _____	CITY _____	STATE _____	
FROM _____ TO _____			
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
REASON FOR LEAVING _____			

SECOND MOST RECENT EMPLOYER			PHONE FAX
COMPANY NAME _____	CITY _____	STATE _____	
FROM _____ TO _____			
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
REASON FOR LEAVING _____			

THIRD MOST RECENT EMPLOYER			PHONE FAX
COMPANY NAME _____	CITY _____	STATE _____	
FROM _____ TO _____			
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
REASON FOR LEAVING _____			

FOURTH MOST RECENT EMPLOYER			PHONE FAX
COMPANY NAME _____	CITY _____	STATE _____	
FROM _____ TO _____			
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
REASON FOR LEAVING _____			

DRIVER'S LICENSE INFORMATION

- Yes No If the job requires, do you have the appropriate valid driver's license?
Name on license _____ DL# _____ Type _____ State of Issue _____
- Yes No Have you had any moving violations within the last seven years? Please describe. _____

PERMISSION TO WORK IN THE UNITED STATES

- Yes No Are you legally eligible to work in the United States?
- Yes No Will you now or in the future require sponsorship for employment?

Proof of employment eligibility will be required if hired.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
-----------	------

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.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
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.

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.



EQUAL EMPLOYMENT OPPORTUNITY SURVEY (Applicant Survey)

As a federal contractor, we must periodically produce statistical analyses of our applicant records. This form ensures full compliance with our policy on Affirmative Action and non-discrimination. Completion of this form is completely voluntary and will help in implementing our affirmative action program.

If you choose not to answer any of the items, you will not be subject to adverse effects. However, we urge you to answer each one and assure you that this information is confidential and will not become a part of your applicant / employee file. If you do not voluntarily self-identify gender or race/ethnicity, or if you indicate a clearly inappropriate response, identification will be made by visual or other judgmental factors.

Last Name	First Name	M.I.	Date	Position

GENDER:	RACE/ETHNIC DATA: Please identify yourself in terms of a racial / ethnic group below. For definitions of groups, refer to the list on reverse side.							
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic or Latino	If not Hispanic or Latino, please identify yourself by selecting one of the following, as appropriate:					
	<input type="checkbox"/>	White <input type="checkbox"/>	Black <input type="checkbox"/>	Asian <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	American Indian or Alaskan Native <input type="checkbox"/>	Indian Subcontinent <input type="checkbox"/>	
<input type="checkbox"/> I do not wish to Self-Identify								

In addition, this employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2001, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: **Disabled Veterans, Active Wartime or Campaign Badge Veterans, Armed Forces Service Medal Veterans and Recently Separated Veterans.**

If you believe you belong to any of the categories of protected veterans listed above (definitions are included on the reverse side of this form), please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE

I AM NOT A PROTECTED VETERAN
I DO NOT WISH TO DISCLOSE MY STATUS

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

[Print This Information on the Reverse of Form]

**Self-Identification Descriptions
(Applicant Survey)**

RACE/ETHNIC ORIGIN:

- H. Hispanic or Latino** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
 - W. White, not of Hispanic Origin** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - B. Black or African American, not of Hispanic Origin** - A person having origins in any of the black racial groups of Africa.
 - A. Asian, not of Hispanic Origin** - A person having origins in any of the original peoples of the Far East, Southeast Asia, including, for example, Cambodia, China, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
- NHOPI. Native Hawaiian or Other Pacific Islander, not of Hispanic Origin** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- AI. American Indian or Alaskan Native, not of Hispanic Origin** - 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 attachment.
 - IS. Indian Subcontinent, not of Hispanic Origin** - The Indian Subcontinent includes the countries of India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan.

DISABLED VETERAN:

- If you are entitled to compensation under laws administered by the Secretary of Veterans Affairs for a disability;
- or...
- If you were released or discharged from active duty because of a service-connected disability.

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN:

- If you 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 Department of Defense.

ARMED FORCES SERVICE MEDAL VETERAN:

- If you participated in a U.S. military operation, while serving on active duty in the U.S. military, ground, naval or air service, for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

RECENTLY SEPARATED VETERAN:

- If you were discharged or separated from active duty in the U.S. military, ground, naval or air service within the past three years.