



FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

## APPLICATION FOR EMPLOYMENT

With

FOR OFFICE USE ONLY	
Work Location	Rate
Position	Date

\_\_\_\_\_  
(The "Company")  
An Equal  
Opportunity Employer

**This application will be held in the active file for \_\_\_\_\_ days. If you wish to be considered after that date, please recontact us.**

(PLEASE PRINT PLAINLY)  
**PERSONAL**

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. Street City State Zip

Social Security No. \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? \_\_\_\_\_ (If you are hired, federal law requires that you provide documentation of your identity and eligibility for employment and that you attest to your eligibility for employment).

If you are under age 18, state: your age \_\_\_\_\_, and whether you can provide a work permit \_\_\_\_\_.

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

Would you work Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

**The Company is an equal opportunity employer. The Company does not discriminate in hiring or employment on the basis of race, color, creed, national origin, marital status, sex, sexual orientation, religion, ancestry, age, disability, veteran status, arrest or conviction record (except as permitted by law), or any other applicable protected classification. It is the Company's policy to comply with all laws prohibiting discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. One of the factors in determining whether an applicant will be employed is that the Company, at its own expense, arranges for a surety bond for its employees who are required by law to be bonded. Unless the applicant's background is acceptable to a surety company, the Company may be unable to offer employment.**

### EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree	Grade Point Average
			9	10	11	12			
High							<input type="checkbox"/> Yes <input type="checkbox"/> No		
College							<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No		

List courses you have completed or are currently taking that will aid the Company in evaluating your qualifications for the position you are applying for. Use additional sheets if necessary. (Example: If applying for a clerical position, note training such as word processing or other computer skills, bookkeeping.) Please include grade or other indicator of achievement, such as words per minute typed.

COURSE	DATES ENROLLED IN COURSE	SCHOOL OR OTHER SPONSOR OF COURSE	DESCRIBE MAJOR CONTENT OF COURSE	GRADE
	FROM TO			
	FROM TO			
	FROM TO			
	FROM TO			

**GENERAL INFORMATION**

(Note: When completing this application, your responses to inquiries about organizations and activities should not be revealing as to race, color, creed, national origin, age, religion, marital or veteran status, sexual orientation, disability or ancestry.)

List relevant scholastic honors, offices held, and relevant activities in high school or college:

---



---

List your activities, skills and aptitudes that you believe would reasonably bear on your qualification for the position you are applying for at the Company. (You may wish to include civic and community activities, professional societies relating to the specific position for which you are applying, special training or skills such as typing, accounting/bookkeeping, shorthand, computer skills, word processing or other skills.) If you need more space, please continue on a separate sheet.

---



---



---



---

Have you been employed here previously?  Yes  No      Have you ever applied here before?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No

(Note: A conviction does not automatically disqualify an applicant from employment. The nature of the conviction will be considered in accordance with law. If the answer is "yes," then for each such conviction, indicate (a) the date(s) of conviction, (b) the nature of the offense, (c) the penalty imposed, (d) whether the offense involved a financial institution, and (e) the circumstances involved. Exclude any arrest(s), acquittal(s), conviction(s) reversed on appeal, conviction(s) that have been completely expunged, and/or any adjudgment(s) against you by a court as a "youthful offender" or "juvenile delinquent."

---



---



---

Do you have any criminal charges pending against you? \_\_\_\_\_

(Note: A pending charge does not automatically disqualify an applicant from employment. The nature of the charge(s) will be considered in accordance with law.) If the answer is yes, indicate the pending charge(s) and surrounding circumstances:

---



---

Have you entered into a pretrial diversion or similar program relating to any criminal offense ("program entry")?  Yes  No

(Note: For purposes of this inquiry, "program entry" is defined as suspension or eventual dismissal of charges or criminal prosecution upon agreement to enter into treatment, rehabilitation, restitution, or other noncriminal or nonpunitive alternatives. Entry into such a program does not automatically disqualify an applicant from employment. The nature and date of the program are important.)

For each such "program entry," indicate (a) the date(s) you entered into the program, (b) the nature of the offense, (c) whether you completed the required treatment, rehabilitation, restitution, or other alternatives, (d) the ultimate disposition of the charges, and (e) the circumstances involved. Exclude any program entries prior to November 29, 1990.

---



---



---

Has a surety bond ever been refused to you? \_\_\_\_\_ For a position for which a surety bond is a requirement: If yes, indicate when and the surrounding circumstances: \_\_\_\_\_

List below all present and past employment, beginning with your most recent position.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE WORK YOU DID	SALARY	EXACT REASON FOR LEAVING
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?
From:			From:	
To:			To:	
	Telephone:	Supervisor:		May we contact them?

If you need more space to list all of your present and past employment, please continue on a separate sheet.

**PERSONAL REFERENCES**  
(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number	No. of years you have known reference

AGREEMENT

PLEASE READ BEFORE SIGNING. If you have any questions regarding this Agreement, please ask them of a personnel officer before signing.

In order that the Company may arrive at an employment decision, I understand that the Company may do any or all of the following, and I hereby consent to the same:

- 1. Investigate all statements contained in this application for employment.
2. Request that I be fingerprinted.
3. Conduct a criminal background check.
4. Conduct a credit background check.
5. Check all references.

I understand that if I receive an offer of employment I may be required to undergo a pre-employment medical examination conducted by a doctor of the Company's choice, and to submit to drug screening. I also understand that my employment may be conditioned on the results of that examination and screening.

If employed, as a condition of continued employment, I agree to submit to drug screenings at the request of the Company or in accordance with the Company's policy. I understand that failure to cooperate with the testing may be grounds for dismissal.

In the event that I am employed by the Company:

- 1. I will comply with all rules and policies of the Company, including a request for a current personal photograph meeting the Company's specifications; and
2. I understand that my employment can be terminated at any time, with or without cause, either at my option or that of the Company; I understand that no personnel recruiter, interviewer or other representative of the Company other than the President has any authority to enter into any agreement for employment for any specified period of time; I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as an employment contract or contrary to at-will employment status.

I certify that the answers and information given in this employment application are true and correct to the best of my knowledge. I agree that false or misleading information given in my application or interviews may disqualify me from consideration, or, if I am hired, may be grounds for discharge from employment.

Date Signature

FOR COMPANY USE ONLY (To be filled in AFTER applicant is hired or refused employment)

Date employment offered Date accepted Date refused

Date employed Date of Birth Exempt Non-exempt

Department Social Security No.

Job Title Work Schedule (Hrs., Days, etc.)

Job No.

Maiden Name

In case of accident or other emergency who is the first person we should contact?

Name Relationship Telephone (Home) (Business)

Address (Number) (Street) (City) (State)

Address (Place of Work) (City) (State)

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

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

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
 No, I do not have a disability and have not had one in the past  
 I do not want 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: