



Application for Employment
EQUAL OPPORTUNITY EMPLOYER

Personal Data

Name (last, first, middle) Date

Address

City State Zip Code

Phone ( ) Email Address

If employed, can you provide proof of authorization to work in the U.S.? Yes No

Position(s) applying for: Desired Salary:

Referred by Ad Friend Relative Agency Other

Education Record

High School

Address

Did you graduate? Yes No

College/University

Address

Degrees or Diplomas Years attended 1 2 3 4

Trade or Technical Training

Address

Degrees or Diplomas

Graduate School

Address

Degrees or Diplomas Years Attended 1 2 3 4





## Employment History

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Begin with most recent employer. Attach additional sheet if needed.

1. Employer	Dates of Employment
Address	
Phone (      )	
Title/Duties	
Manager's Name	
Reason for Leaving	

2. Employer	Dates of Employment
Address	
Phone (      )	
Title/Duties	
Manager's Name	
Reason for Leaving	

3. Employer	Dates of Employment
Address	
Phone (      )	
Title/Duties	
Manager's Name	
Reason for Leaving	



**Personal Data**

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Have you been employed here before?       Yes       No

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May we contact your current employer?       Yes       No

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**Applicant's Signature**

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I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

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Signature of Applicant

Date

## VOLUNTARY APPLICANT SURVEY

Although completion of this form is optional, SENB. would appreciate the requested information for government reporting purposes. It is our intention to assure equal employment opportunities to all individuals based on merit, qualifications, and abilities. Except where required or permitted by law, employment practices will not be influenced or affected by an applicant's race, ethnicity, color, religion, gender, sexual orientation, or national origin, age, disability, or any other characteristic protected by law. Veterans are also invited to self-identify in accordance with the Jobs for Veterans Act.

Position Applied:

Date:

### VOLUNTARY SELF-IDENTIFICATION

Please designate your **race(s)** by checking the applicable male or female box:

Male	Female	Race Identification
		<b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North America.
		<b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
		<b>Black or African American:</b> A person having origins in any of the Black racial groups of Africa.
		<b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
		<b>Asian:</b> 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.
		<b>American Indian or Alaska Native:</b> 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.
		<b>Two or More Races:</b> All persons who identify with more than one of the above six races.

Please designate **Veteran Status** by checking the appropriate box:

Yes	No	Veterans Status and Disability Status
		<b>Disabled Veteran:</b> A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.
		<b>Other Protected Veteran:</b> A veteran who 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.
		<b>Armed Forces Service Medal Veteran:</b> A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).
		<b>Recently Separated Veteran:</b> A veteran, who served on active duty in the U.S. military, ground, naval or air service, during the three-year period beginning on the date of such veteran's discharge or release from active duty.

**THANK YOU FOR YOUR COOPERATION.**

Signature:

Date:

*AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION 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: \_\_\_\_\_