



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____

Type of employment desired: _____

_____ Full-Time _____ Part-Time _____ Temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

E-Mail Address: _____

How were you referred to us? _____

Employment History

Please provide all employment information covering 10 years starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

_____ Immediate supervisor and title: _____

_____ Dates employed:

from _____ to _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references, including names, telephone numbers, and years known (do not include relatives):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

HONESTLY AND ACCURATELY PERSONALLY COMPLETED FORM

BY MY SIGNATURE AND INITIALS PLACED BELOW, I, (Name: _____), PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS THE TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE. _____ INITIALS

AUTHORIZATION TO OBTAIN INFORMATION

I VOLUNTARILY AND KNOWINGLY AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY). I FURTHER AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; FINANCE BUREAU/OFFICE; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CREDIT HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY THE COMPANY. _____ INITIALS

OTHER EMPLOYMENT

I UNDERSTAND THAT, IF HIRED, I MAY NOT HOLD OTHER EMPLOYMENT OR ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH THE COMPANY UNLESS I HAVE BEEN GIVEN PERMISSION IN WRITING BY THE COMPANY. _____ INITIALS

RELEASE

I VOLUNTARILY AND KNOWINGLY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMANT (PERSONS AND ORGANIZATIONS) FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF INFORMATION AND OPINION PERTINENT TO THIS APPLICATION (WHICH IS TRUTHFUL OR MADE IN GOOD FAITH). I FURTHER VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE THE COMPANY HEREIN FROM ALL LIABILITY REGARDING THE USE OF INFORMATION SUPPLIED. I HEREBY RELEASE THE COMPANY, INCLUDING ANY INDIVIDUAL PARTICIPANT IN ANY DRUG AND ALCOHOL EXAMINATION, AND ANY THIRD PARTY FROM POTENTIAL LIABILITY ARISING OUT OF ANY EXAMINATION. _____ INITIALS

COMPLIANCE WITH RULES

IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF THE COMPANY. _____ INITIALS

AGREEMENT FOR ARBITRATION

I HEREBY AGREE TO SUBMIT TO BINDING ARBITRATION ALL DISPUTES AND CLAIMS ARISING OUT OF THE SUBMISSION OF THIS APPLICATION. I FURTHER AGREE, IN THE EVENT THAT I AM HIRED BY THE COMPANY, THAT ALL DISPUTES THAT CANNOT BE RESOLVED BY INFORMAL INTERNAL RESOLUTION WHICH MIGHT ARISE OUT OF MY EMPLOYMENT WITH THE COMPANY, WHETHER DURING OR AFTER THAT EMPLOYMENT, WILL BE SUBMITTED TO BINDING ARBITRATION. I AGREE THAT SUCH ARBITRATION WILL BE CONDUCTED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. THIS APPLICATION CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH REGARD TO DISPUTE RESOLUTION, AND THERE ARE NO OTHER AGREEMENTS AS TO DISPUTE RESOLUTION, EITHER ORAL OR WRITTEN, FURTHER, SUCH ARBITRATION PROCEEDING SHALL BE HELD IN (San Diego, CA or Salt Lake City, Utah). _____ INITIALS

AGREEMENT FOR AT-WILL EMPLOYMENT

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, OR DURING MY EMPLOYMENT IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND THE COMPANY. IN ADDITION, I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, IN CONSIDERATION OF MY EMPLOYMENT, MY EMPLOYMENT WILL BE AT-WILL, FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME, FOR ANY REASON OR FOR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF THE COMPANY. I PROMISE THAT I HAVE NOT RELIED, AND WILL NOT RELY, ON ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY. I UNDERSTAND AND AGREE THAT THIS IS THE ENTIRE AGREEMENT BETWEEN ME AND THE COMPANY REGARDING THE TERM OF MY EMPLOYMENT AND REPLACES ANY OTHER ORAL OR WRITTEN AGREEMENT OR UNDERSTANDING. _____ INITIALS

Date: _____

Signature: _____

Print Name: _____

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, PREGNANCY, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, VETERAN STATUS, DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, OR ANY OTHER PROTECTED CHARACTERISTIC.

Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

Name: _____ Date: _____

Position: _____

☐ MALE ☐ FEMALE ☐ I CHOOSE NOT TO SELF-IDENTIFY

☐ WHITE (not Hispanic or Latino) ☐ BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

☐ HISPANIC OR LATINO ☐ ASIAN (not Hispanic or Latino)

☐ AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

☐ NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

☐ TWO or MORE RACES (not Hispanic or Latino)

☐ I CHOOSE NOT TO SELF-IDENTIFY

This company is also subject to 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), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service 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
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means 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.
- An “active duty wartime or campaign badge veteran” means 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 under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means 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](#).

If you believe you belong to any of the categories of protected veterans listed above, 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.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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.ⁱ 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

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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.