



## Application for Employment

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

**Directions: Type or print in Blue or Black ink. Answer all questions which are applicable. Please do not state "See Resume".**

| Personal Information   |               |   |             |
|------------------------|---------------|---|-------------|
| NAME (Last, First, MI) |               | SOCIAL SECURITY NO. (only applies when hired) |             |
| PHYSICAL ADDRESS       | CITY          | STATE   | ZIP CODE    |
| MAILING ADDRESS        | CITY          | STATE   | ZIP CODE    |
| PHONE NO(S).           | EMAIL ADDRESS |   | REFERRED BY |

| Employment Information   |                              |                              |   |   |  |
|--|------------------------------|------------------------------|---|---|--|
| POSITION   |                              | DATE YOU CAN START           |   | SALARY DESIRED  |  |
| 1. HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE?                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO  | 2. IF SO, WHEN?                                 |   |  |
| 3. ARE YOU CURRENTLY EMPLOYED?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO  | 4. IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? |   |  |
| 5. IF HIRED, CAN YOU SHOW PROOF OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? |                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO                     | 6. HAVE YOU EVEN BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION? |  |
|  |                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO                     | <input type="checkbox"/> YES <input type="checkbox"/> NO              |  |
| IF YOU ANSWERED YES TO QUESTION 6, PLEASE EXPLAIN:                       |                              |                              |   |   |  |
|  |                              |                              |   |   |  |

| Education History                        |                           |                |                   |                       |
|--|---------------------------|----------------|-------------------|-----------------------|
|  | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | MAJOR FIELDS OF STUDY |
| HIGH SCHOOL                              |                           |                |                   |                       |
| COLLEGE                                  |                           |                |                   |                       |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                           |                |                   |                       |

| General Information   |      |
|---|------|
| SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS. |      |
|   |      |
|   |      |
| U.S. MILITARY OR NAVAL SERVICE  | RANK |

| Employment History (List the last four employers, starting with the last one first) |                              |          |                    |
|---|------------------------------|----------|--------------------|
| DATE MONTH AND YEAR   | NAME AND ADDRESS OF EMPLOYER | POSITION | REASON FOR LEAVING |
| FROM  |                              |          |                    |
| TO  |                              |          |                    |
| FROM  |                              |          |                    |
| TO  |                              |          |                    |
| FROM  |                              |          |                    |
| TO  |                              |          |                    |
| FROM  |                              |          |                    |
| TO  |                              |          |                    |

**References** (List the names & information of three persons NOT related to you, whom you have known at least one year)

| NAME & ADDRESS | PHONE NUMBER(S) | RELATIONSHIP | YEARS KNOWN |
|----------------|-----------------|--------------|-------------|
|                |                 |              |             |
|                |                 |              |             |
|                |                 |              |             |

**Emergency Contact**

In case of an emergency, please notify: \_\_\_\_\_  
 Name / Relationship Phone No(s).

Authorization to transport you to \_\_\_\_\_,  
 Clinic / Hospital Tel. No.

Do you have a valid driver's license? Driver's License No: \_\_\_\_\_  
 YES  NO Expiration Date: \_\_\_\_\_

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

**California Pacific Technical Services, LLC. is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or protected Veteran status.**

**For Office Use Only:**

Remarks: \_\_\_\_\_

|           |           |           |              |              |
|-----------|-----------|-----------|--------------|--------------|
| Neatness: |           | Ability:  |              |              |
| Hired:    | For Dept. | Position: | Will Report: | Salary Wages |

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

# Voluntary Self-Identification of Disability

## 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

\_\_\_\_\_  
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.

<sup>[i]</sup> 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](http://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.

## Invitation to Self-Identify – Pre Offer

1. CalPac is a Government contractor 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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

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.

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.

2. 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