



APPLICATION FOR EMPLOYMENT
An Equal Opportunity/Affirmative Action Employer

Date: _____

To Bates Troy, Inc.

I do hereby make application for employment in such position as you may see fit to place me, with the understanding that if I am employed, you reserve the right to release me without notice upon payment of salary through the last day worked; and I further understand that this right to release me cannot be changed or modified except by written agreement signed by an authorized representative of the Company.

POSITION DESIRED: _____

Name in Full _____

Address: Street _____ City _____ State _____ Zip Code _____

How Long at Current Address _____ Telephone No. _____ Social Security No. _____

EMPLOYMENT DESIRED:

Full-Time Only ☐ Part- Time Only ☐ Full- or Part-Time ☐

Days/Hours Available to Work:
No Preference ☐ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat/Sun _____

Salary Desired _____ How many hours can you work weekly? _____

PREVIOUS EMPLOYMENT:

Date		Name, Address and Telephone of Employer	Position Held	Salary		Reason for Leaving
From	To			Start	Close	

Have you ever been discharged or requested to resign? _____ If so, state from whom and why

An application sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

EDUCATION:

School	Address	No. Yrs.	Course of Study	Did you Graduate?

REFERENCES:

Give the names of three adults who have known you for at least five years. Do not list previous employers, relatives or more than one of your teachers.

Name	Address/Telephone #	Occupation	Yrs. Known

Have you ever been convicted of (or entered a plea of guilty) to a crime? _____ If yes please give details below

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Have you ever entered into a pre-trial diversion program related to a crime? _____ If yes please give details below

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Do you have any relatives employed by Bates Troy? _____ If so, please state whom _____

May we contact your present employer? Yes ☐ No ☐

Did you complete this application yourself? Yes ☐ No ☐ If not, who did _____

By my signature below, I affirm that I have not withheld any information asked for in this application, and that, to the best of my knowledge and belief, the statements made herein are true and correct. I hereby authorize you to enquire as to my record of any or all former employers and references.

I understand that I may be tested for illegal drugs and I agree and authorize such testing as a condition to any offer of employment.

Signed _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number
1250-0005 Expires 1/31/2017
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.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
- ☐ 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 1/31/2017
Page 2 of 2

Reasonable Accommodation

Federal law requires us 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 of 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.



Employment Application Self-Identification Form

The following information is being requested for Government reporting purposes and to measure our good faith outreach efforts. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Name _____ Date _____

Position Applied For: _____ Search Number _____

Referred by:

Gender

- ☐ Female
☐ Male

Race

- ☐ Hispanic or Latino
☐ White
☐ Black or African American
☐ Asian
☐ Native Hawaiian/Pacific Islander American
☐ Indian or Alaska Native
☐ Two or More Races (Not Hispanic or Latino)

Veteran Status

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government Contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

- ☐ I identify as one or more of the classifications of protected veteran listed below.
☐ I am not a Protected Veteran
☐ I choose not to provide this information.

Definitions:

Qualified Disabled Veteran – a veteran of the US military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service related disability.

Recently Separated Veteran – 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.

Active Duty Wartime or Campaign Badge Veterans - a veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign badge has been authorized, under the laws administered by the Department of Defense.

Armed Forces Service Medal – any 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.

Veteran of the Vietnam Era – person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between 2/28/61, and 5/7/75, or between 8/5/64 and 5/7/75 in all other cases.

Definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - 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.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.



SUPPLEMENTAL APPLICATION FOR DRIVING POSITIONS ONLY

Name

Driver's License Number _____ State of Issue _____

Type: Operator ☐ Commercial-CDL-A ☐ CDL-B ☐ Chauffeur ☐

Expiration Date _____

Accidents for the past 3 years:

Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years:

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes ☐ No ☐ If yes, explain in detail below

Has any license, permit, or privilege ever been revoked?

Yes ☐ No ☐ If yes, explain in detail below

Submit