

Application for Employment

We consider applicants for all positions without discrimination based on race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT)

Position Applied for	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Internet Site	<input type="checkbox"/> Friend
<input type="checkbox"/> Other	

Last Name	First Name	Middle Name
Street Address	City	State
		ZIP Code
Telephone Number(s)		
Cel		Other

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes

☐ No

Have you ever filed an application with us before?

☐ Yes

☐ No

If Yes, give date: _____

Have you ever been employed with us before?

☐ Yes

☐ No

If Yes, give date: _____

Are you currently employed?

☐ Yes

☐ No

May we contact your present employer?

☐ Yes

☐ No

If No, when? _____

Are you authorized to work lawfully in the United States?

☐ Yes

☐ No

Will you now or in the future require [insert company name] to commence ("sponsor") an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called "sponsorship" for an employment-based visa status.

☐ Yes

☐ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes

☐ No

Can you travel if the job requires?

☐ Yes

☐ No

Have you ever been involuntarily terminated from a job?

☐ Yes

☐ No

If Yes, please explain _____

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Diploma/Degree Level
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Speak, Read and Write Fluently:
☐ English ☒ Other: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

	From	To
1. Employer _____		
Address _____		
Telephone Number(s) _____		
Job Title _____		
Reason for Leaving _____		
2. Employer _____		
Address _____		
Telephone Number(s) _____		
Job Title _____		
Reason for Leaving _____		

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

		From	To
3.	Employer _____		
	Address _____	_____	_____
	Telephone Number(s) _____		
	Job Title _____		
	Reason for Leaving _____		
4.	Employer _____		
	Address _____	_____	_____
	Telephone Number(s) _____		
	Job Title _____		
	Reason for Leaving _____		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

ADDITIONAL INFORMATION

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? ☐ Yes ☐ No

Remarks: _____

INTERVIEWER

DATE

Employed? ☐ Yes ☐ No

Date of Employment: _____

Job Title: _____ Hourly Rate/Salary _____ Department _____

Notes: _____

Application for Employment

Additional Information

Many jobs involve lifting as an essential function. Indicate if you wish to be considered, with or without reasonable accommodation, for jobs involving:

- ☐ Lifting up to 30 pounds
- ☐ Lifting up to 45 pounds
- ☐ Lifting up to 60 pounds
- ☐ Lifting up to 80 pounds
- ☐ Lifting up to 90 pounds
- ☐ Lifting up to 120 pounds

Check Off Which Shifts At Which You Are Available:

- ☐ Full-Time: 40 hours per week plus overtime when available
- ☐ Installation: 40 hours per week plus overtime when available
- ☐ Installation ***Willing to Travel:** 40 hours per week plus overtime when available
- ☐ Part-Time: Less than 40 hours per week

Specialized Skills (Check All That Apply):

- ☐ Read Tape Measure/Ruler _____
- ☐ Read Blueprints
- ☐ Computer Literate
- ☐ CNC
- ☐ Molder
- ☐ Table Saw
- ☐ Jointer
- ☐ Shaper

Other: _____

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.¹ 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please select one of the options below:

Do you have a disability?

....

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

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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.

Reilly Architectural is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name:

Position Applied for:

Gender Male Female Other

Race or Ethnicity Identity* (select one, see back for definitions)

Hispanic or Latino

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Native Hawaiian or Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino)

American Indian or Alaskan Native (not Hispanic or Latino)

Two or more races (not Hispanic or Latino)

Veteran Status (see back for definitions)**

I am a protected veteran

I am NOT a protected veteran

I do not wish to self-identify

Date Completed:

How did you hear of our opening?

Employee referral

Company website

Job board

Social media

Advertisement (print/radio/TV)

Recruiter

Other

Please explain:

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*EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

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 races.

**PROTECTED VETERAN DEFINITION

Protected veteran means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

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.

Armed Forces service medal veteran means 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 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled veteran means (1) 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* (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran means a 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.