

WALKER WHITE, INC.
Employment Application



APPLICANT INFORMATION					
Last Name			First		
Street Address			M.I.		Date
City			State	Apartment/Unit #	
Phone		E-mail Address		ZIP	
Date Available	Social Security No.		Desired Salary		
Position Applied for					
Can you work full or part time? If part time, indicate days & hours:	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	Are you willing to travel or work out of town?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How will you get to work?					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you over the age of 18? Can you provide proof of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If No, provide date of birth (Employment subject to age verification if under 18)		
Do you have a valid driver's license:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, License Number & State		
Has your license ever been revoked:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Have you ever been discharged or forced to resign from any job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Have you drawn unemployment in the past year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, date & amount of last check		
Do you have another job, side business, or personal obligation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Do you have any friends or relatives that were OR are currently employed by Walker White?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, print name (s)		

FOR OFFICE USE ONLY	<input type="checkbox"/> DRIVER'S LICENSE	<input type="checkbox"/> STATE ISSUED I.D.	<input type="checkbox"/> S.S. CARD	<input type="checkbox"/> OTHER-SPECIFY
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EDUCATION

High School		City & State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College or Tech		City & State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other Training		City & State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES*Please list three professional references.*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company	Phone
Address	Supervisor
Job Title	Dates of Employment From: To:
Ending Salary \$	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone
Address	Supervisor
Job Title	Dates of Employment From: To:
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

SKILLS ANALYSIS

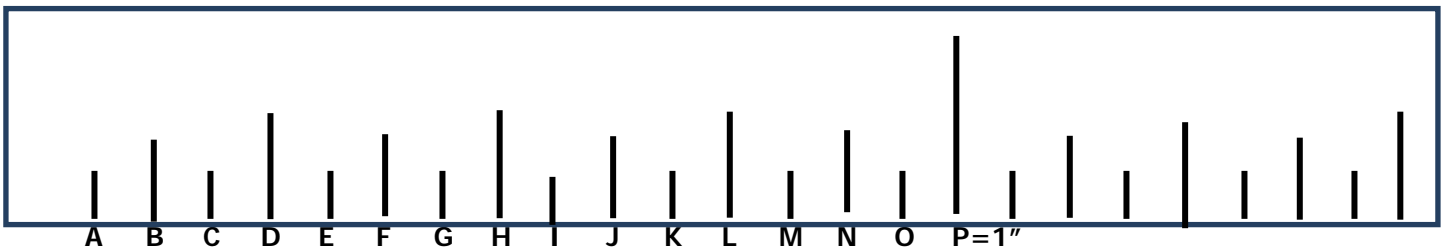
Do you operate any of the following equipment?

Backhoe	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOME PRIOR EXPERIENCE <input type="checkbox"/>
Boom Truck	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOME PRIOR EXPERIENCE <input type="checkbox"/>
Fork Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOME PRIOR EXPERIENCE <input type="checkbox"/>
CDL License	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, What Class?

The following is a sixteenth's ruler. Please complete the blanks with the measurement that corresponds with each letter. PLEASE NOTE: The answers go across and NOT up and down.

EXAMPLE: **The answer for P is 1"**

A =	B =	C =	D =	E =
F =	G =	H =	I =	J =
K =	L =	M =	N =	O =



FOR OFFICE USE ONLY

Interviewer's Comments:

Ruler Results: # Missed _____ # Correct _____ Graded By: _____

Interviewed By: _____ Date: _____

Course of Action (Circle One): Hired No Offer Offer Refused

If Hired, Department: _____ Pay Rate \$ _____ Start Date: _____

Reason No offer or Offer Refused: _____

Voluntary Affirmative Action and Veteran Status Data

PLEASE NOTE: Completion of this form is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, sexual orientation, citizenship, age, mental or physical disabilities, veteran, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this form. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

To be completed by applicant on a voluntary basis. Not for interview purposes. File separately from application.

Applicant Information

Name _____ Phone () _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Male Female Position applied for _____ Date ____/____/____

Referral source:

- Government employment agency Private employment agency Current employee
 Walk-in School Relative
 Other _____ Advertisement in _____

Person who referred you, if applicable _____

Please select one of the following Equal Employment Opportunity Identification Groups:

- Hispanic or Latino White (not Hispanic or Latino) Asian (not Hispanic or Latino)
 Native Hawaiian/Other Pacific Islander (not Hispanic or Latino) Black/African American (not Hispanic or Latino)
 American Indian/Alaskan Native (not Hispanic or Latino) Two or more races (not Hispanic or Latino)

Veteran Status Information

This employer 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.

(continued)

If you believe you belong to any of the categories of protected veterans listed on front page, 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

Applicant's signature _____

APPLICANT: Only complete this section if you have received an offer of employment.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I belong to the following classifications of protected veterans (choose all that apply):

- Disabled veteran
- Recently separated veteran
- Active-duty wartime or campaign-badge veteran
- Armed forces service medal veteran
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

OR

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and 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 the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Applicant's signature: _____ Date: ____/____/____

For Administrative Use

NOTE: Applicant must complete above section after a job offer has been made, but before beginning work.

Position(s) applied for _____ Current opening No current opening

Other position(s) considered for _____

Hired? No Yes Hire date ____/____/____ Position hired for _____

Position classification

- Executive/senior-level officials and managers
- Professionals
- First/mid-level officials and managers
- Administrative support workers
- Service workers
- Operatives
- Craft workers
- Sales workers
- Technicians
- Laborers and helpers

Additional notes _____

Completed by _____ Date ____/____/____



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Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

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.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 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

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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.

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.