

# Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

Position applied for \_\_\_\_\_ Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Phone ( ) \_\_\_\_\_ Cellular/Other # ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Shift preferred  1  2  3  Any Expected pay \_\_\_\_\_

Would you accept full-time work?  Yes  No Would you accept part-time work?  Yes  No

On what date would you be available for work? \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_ AM  
PM  Home  Cellular/Other

How were you referred to our Company? \_\_\_\_\_

Have you submitted an application here before?  Yes  No If yes, please give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here?  Yes  No If yes, please give dates: \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from our Company?  Yes  No  
If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required?  Yes  No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.)  Yes  No

Are you able to perform the “essential functions” of the job for which you are applying (with or without reasonable accommodation)?  
NOTE: This question is not designed to elicit information about an applicant’s disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Yes  No  Need more information about the job’s “essential functions” to respond

Will you travel if required?  Yes  No Will you work overtime if required?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  Yes  No  N/A

Have you ever been bonded?  Yes  No

Please provide your driver’s license number, if driving is required for this job. \_\_\_\_\_ State \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company?  Yes  No If yes, please explain: \_\_\_\_\_

NOTE: Answering “yes” to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded “guilty” or “no contest” to, or been convicted of, a crime?  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

# Employment Experience

Place an **X** by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

Employer \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_/\_\_\_\_ final \_\_\_\_/\_\_\_\_

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

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Employer \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_/\_\_\_\_ final \_\_\_\_/\_\_\_\_

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

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Employer \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_/\_\_\_\_ final \_\_\_\_/\_\_\_\_

Work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

## Employment Experience (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

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Have you ever been fired or asked to resign from a job?  Yes  No

If yes, please explain: \_\_\_\_\_

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## Education Background

**High School:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**College:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Graduate School:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Vocational Training/Other:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Continuing Education:** \_\_\_\_\_

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## Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

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## Social Security Number

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ The Company will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

## Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Lauritzen Corporation and Related Entities  
Authorization for Release of Information**

FAIR CREDIT REPORTING ACT (FCRA) PRE-NOTIFICATION

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your employment history, character, general reputation, personal characteristics, mode of living, driving records, including a credit report, whichever may be applicable. You have a right to make a written disclosure of additional information concerning the nature and scope of the investigation.

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment, I understand that the company may now or any time while I am employed, conduct or procure an investigative consumer report containing information on my employment history, character, general reputation, personal characteristics or mode of living, driving records, including a credit report.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my employment history, character, ability, reputation and past conduct. I authorize and request all persons, schools, businesses, corporations, credit bureaus and law enforcement agencies to release such information without restriction or qualifications.

I agree that a Photostat of this Authorization be considered effective and valid as the original.

Please list Cities, States and Counties where you have lived in the last 7 years starting with the most recent:

CITY:					
STATE:					
COUNTY:					

Please list any other names you have used and the dates they were used (i.e., maiden name, nicknames, etc):

OTHER NAMES USED:		
DATES NAMES USED:		

\_\_\_\_\_      \_\_\_\_\_      May we contact your employer?      Yes      No  
Date of Birth      Social Security #      *(Circle one)*

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Name (print)      Signature      Date



## INVITATION TO SELF-IDENTIFY

Lauritzen Corporation is proud to be an Equal Opportunity Employer. It is the continuing policy and practice of Lauritzen Corporation to provide equal employment opportunity for all employees and applicants for employment regardless of race, color, national origin, religion, age, sex, sexual orientation, gender identity, marital status, veteran status, physical or mental disability (considering reasonable accommodation for any limitations) or any other protected status under applicable law.

Lauritzen Corporation is subject to equal employment opportunity and affirmative action regulations. As part of our compliance policy with such regulations, including recordkeeping, reporting and other obligations, Lauritzen Corporation requests you to provide the following information. Please note that completion of this form is voluntary. Refusal to provide any information will not subject you to any adverse treatment. The information you provide will be recorded securely and confidentially maintained separate from all other records, and in accordance with applicable laws and regulations. The information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government. When reported, data will not identify any specific individual.

Current Date \_\_\_\_\_ Name (*First*) \_\_\_\_\_ (*Last*) \_\_\_\_\_ Employee ID \_\_\_\_\_

Address (*City/State/Zip*) \_\_\_\_\_ (*County*) \_\_\_\_\_

1. What is your gender?

- Male  
 Female  
 I prefer not to answer.

2. Are you Hispanic or Latino?

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

- No, not Hispanic or Latino  
 Yes, Hispanic or Latino  
 I prefer not to answer.

3. If you answered No to Question 2, what is your race? Select one of the following race categories.

- White**  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American**  
A person having origins in any of the Black racial groups of Africa.
- Asian**  
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.
- Native Hawaiian or Other Pacific Islander**  
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native**  
A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races**  
All persons who identify with more than one of the races above.
- I prefer not to answer.



## INVITATION TO SELF-IDENTIFY

Lauritzen Corporation is a Federal Government contractor subject to Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended ("Section 4212"), which prohibits discrimination against, and requires Federal 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. In addition, we are required to annually report to the Federal Government on the number of veterans we hire and employ who fall into one or more of the above Section 4212 veteran categories.

The following invitation to self-identify your veteran status for these purposes is made pursuant to Section 4212. Disclosure of this information is completely voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be kept confidential and used only in ways that are consistent with Section 4212.

Current Date \_\_\_\_\_ Name (*First*) \_\_\_\_\_ (*Last*) \_\_\_\_\_ Employee ID \_\_\_\_\_

Address (*City/State/Zip*) \_\_\_\_\_ (*County*) \_\_\_\_\_

Please read the following definitions carefully and then indicate whether you believe *any* of the categories apply to you. NOTE: You do *not* have to indicate the *specific* category or categories that apply.

**Active Duty Wartime or Campaign Badge Veteran**: a veteran who served on active duty in the U.S. military, ground, naval, or air service either during a "period of war" as defined below *or* in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

"Period of war" is defined for these purposes by the Department of Labor as:

June 27, 1950 – January 31, 1955 (Korean conflict);

February 28, 1961 – May 7, 1975 (for veterans serving in the Republic of Vietnam);

August 5, 1964 – May 7, 1975 (for all other veterans who served during the Vietnam conflict); and

August 2, 1990 – present (Gulf War).

Information on the wars, campaigns, or expeditions for which a campaign badge has been authorized may be found on the following website, <https://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/>.

**Armed Forces Service Medal Veteran**: 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.

**Disabled Veteran**: (i) 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* (ii) a person who was discharged or released from active duty because of a service-connected 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.

- Yes, I believe one or more of the above categories apply to me.
- No, I do not believe one or more of the above categories apply to me.
- I prefer not to answer.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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.<sup>1</sup> 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

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.

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<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.