

Employment Application



Personal Information									
Full Name:									
Address:									
Primary Phone:				Secondary Phone:					
Email Address:									
Position Desired:									
Pay Desired:									
How did you hear about us?									
Are you willing to work weekends and holidays?				Yes	No	Are you willing to rotate shifts?		Yes	No
Are you willing to work overtime?				Yes	No	Are you willing to travel?		Yes	No
Availability									
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
Educational Background									
High School Name:									
School City:				School State:					
Did you graduate? Yes No				If no, do you have a GED? Yes No					
College/University Name:									
School City:				School State:					
Start Date:		End Date:		Did you graduate? Yes No					
Diploma/Degree:				Course of study:					
Graduate/Professional School Name:									
School City:				School State:					
Start Date:		End Date:		Did you graduate? Yes No					
Diploma/Degree:				Course of study:					

Languages (please list all)

Spoken:	Written:
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Employment History (please list your most recent employer first)

Employer Name:					
Job Title:					
Address:	City:	State:	Zip:		
Phone Number:	May we contact this employer?			Yes	No
Start Date:	End Date:				
Supervisor's name:	Supervisor's Title:				
Reason for leaving or seeking other employment:					
Brief description of job:					

Employer Name:					
Job Title:					
Address:	City:	State:	Zip:		
Phone Number:	May we contact this employer?			Yes	No
Start Date:	End Date:				
Supervisor's name:	Supervisor's Title:				
Reason for leaving or seeking other employment:					
Brief description of job:					

References

(All references should be people you've worked with or supervisors. Not personal acquaintances, friends, relatives, etc.)

Reference Name:	Company Name:
Job Title:	Relationship:

Email address:	Phone number
Reference Name:	Company Name:
Job Title:	Relationship:
Email address:	Phone number

Background Information			
Are your former employment references or education listed under a name other than that stated above?		Yes	No
If yes, list ALL former names used:			
Have you ever been employed by Easterseals-Goodwill Northern Rocky Mountain?		Yes	No
If yes, when?			
Were you referred to Easterseals-Goodwill by a current employee?		Yes	No
If yes, who referred you?			
Have you been convicted of a crime within the past 5 years?	Yes	No	
If yes, please explain:			

Conditions of Application and Employment	
<p><i>I understand that any false statements in this application may be cause for rejection or termination of my employment with Easterseals-Goodwill. I also grant permission to Easterseals-Goodwill to investigate my former employment and references, to my former employers and references to release information about me to Easterseals-Goodwill. In consideration of my potential employment with Easterseals-Goodwill, I absolve Easterseals-Goodwill, former employers, and references from any liability with respect to providing information about me, including my employment and attendance records and reasons for termination. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by Easterseals-Goodwill and myself in writing.</i></p>	
I agree to the statement of authorization above. Yes No	
Signature: _____	Date: _____

Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

Name:	Date:
Job Title:	State:

Which race/ethnicity best describes you (please choose only one)?

- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic American
- White/Caucasian
- I choose not to self-identify
- Multiple Ethnicity/Other (please specify): _____

What is your Gender?

- Female
- Male

What is your Veterans Status?

- "Veteran of the Vietnam Era" is a veteran of the U.S. military, ground, naval, or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty because of a service-connected disability. Vietnam era veteran also includes any veteran of the U.S. military, ground, naval, or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.
- "Special Disabled Veteran" is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more; or, rated at 10 or 20 percent, if it has been determined that the individual has a serious employment disability; or, a person who was discharged or released from active duty because of a service-connected disability.
- "Disabled Veteran" served on active duty in the U.S. military ground, naval, or air service and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.
- "Recently Separated Veteran" is any veteran who served on active duty during the three-year period beginning on the date of such veteran's discharge or release from active duty.
- "Other Protected Veteran" is any other 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.
- "Armed Forces Service Medal Veteran" is 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 (61 Fed. Reg. 1209).
- I am not a Veteran

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
- 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
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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.