



# Application For Employment

**Ellison Bronze, Inc.**

We are an Equal Opportunity-Affirmative Action Employer.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, gender identification/sexual orientation, protected veteran status, disability status, or any other legally protected status.

(Please Print)

<b>What position are you applying for?</b>		<b>Date of Application</b>	
<b>How did you hear about us?</b>			
<input type="checkbox"/> Print Ad	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Chautauqua Works	<input type="checkbox"/> JCC
		<input type="checkbox"/> Manu Fact Assoc.	<input type="checkbox"/> Indeed
<input type="checkbox"/> Dept of Labor	<input type="checkbox"/> NYS Job Bank	<input type="checkbox"/> Chau County EDU	<input type="checkbox"/> Other (please explain) _____
<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone Number(s)</b>		<b>Social Security Number</b>	

If you are under 18 years of age, can you provide required proof of eligibility to work?  Yes  No

Have you ever filed an application with us before? If Yes, give date \_\_\_\_\_  Yes  No

Have you ever been employed by us before? If Yes, give date \_\_\_\_\_  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)  Yes  No

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

Are you available to work:  Full Time  Part Time

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if your job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

(Conviction will not necessarily disqualify an applicant from employment)

If Yes, Please Explain: \_\_\_\_\_

# Employment Experience

Start with your present employer or most recent job.

<b>Employer</b>	<b>Length of Service</b>	
<b>Address</b>	<b>Work Performed</b>	
<b>Telephone Number(s)</b>		
<b>Job Title</b>	<b>Reason For Leaving</b>	
<b>Supervisor</b>		

<b>Employer</b>	<b>Length of Service</b>	
<b>Address</b>	<b>Work Performed</b>	
<b>Telephone Number(s)</b>		
<b>Job Title</b>	<b>Reason For Leaving</b>	
<b>Supervisor</b>		

<b>Employer</b>	<b>Length of Service</b>	
<b>Address</b>	<b>Work Performed</b>	
<b>Telephone Number(s)</b>		
<b>Job Title</b>	<b>Reason For Leaving</b>	
<b>Supervisor</b>		

## Education

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	<b>High School</b>	<b>College/University</b>	<b>Vocational/Technical</b>
<b>School Name/Location</b>			
<b>Number Of Years</b>			
<b>Diploma/Degree</b>			
<b>Describe Course Of Study</b>			
<b>Describe any specialized training, apprenticeship, skills, internships, and extra-curricular activities:</b>			
<b>Describe any honors/awards you have received:</b>			

## Other:

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### **Special Skills and Qualifications:**

Summarize special job-related skills and qualifications acquired from schooling, employment, volunteering, or other experience.

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**State any additional information you feel may be helpful to us in considering your application:**

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## References

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List the name, address and telephone number(s) of three references that are not relatives and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Applicant's Statement

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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.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Interview	____/____/____
2 <sup>nd</sup> Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of 2 <sup>nd</sup> Interview	____/____/____
Remarks _____ _____			
Hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Began Employment	____/____/____
Job Title	_____	Hourly Rate/Salary	_____
Department	_____		
By:	_____	Date	_____

Notes:

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## 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.<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
- 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

## 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.

This employer is a Federal Government contractor subject to Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (Section 4212), which 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.

Our affirmative action policy prohibits discrimination against protected veterans and requires the company to take affirmative action to employ and advance in employment qualified protected veterans at all levels of employment, including the executive level. The following invitation is made pursuant to this policy and the affirmative action obligations required by 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 used only in ways that are consistent with Section 4212. 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.

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**INVITATION TO SELF-IDENTIFY  
PLEASE ANSWER THE FOLLOWING QUESTIONS**

Please indicate whether you identify as one or more of the following protected veteran categories by checking the appropriate box(es) below.

- 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. Please Enter Discharge or Release Date: \_\_/\_\_/\_\_\_\_.
- 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.
- Active Duty Wartime or Campaign Badge Veteran:** a veteran who served 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. If you would like more information on campaigns or expeditions for which a campaign badge has been authorized, please visit: <http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/>.
- I am not a protected veteran.
- I prefer not to answer.

In addition to our affirmative action obligations under Section 4212, our company values all forms of military service. If you are not a protected veteran, but would like to disclose your status as a member of the Armed Forces, you may do so below. Are you currently serving, or have you served in the Armed Forces of the United States of America (including the Reserves and National Guard)?

- Yes.
- No.
- I prefer not to answer.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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**PRE-EMPLOYMENT INFORMATION FORM**

**Race/Ethnic Group:**

Are you:

- Hispanic/Latino
- White Black Asian Am
- Indian/Alaska Native
- Hawaiian/Pacific Islander
- Two or More Races

**Gender:**

- Male
- Female

I do not wish to disclose my race/ethnic and/or gender status.

Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

*Please complete this information to assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. This information form will be kept in a separate, confidential file and will be used only for government reporting purposes.*