



1. **Save** completed form **to your desktop**
2. **Complete** the PDF information and **Save**
3. When finished, **return to the Employment web page**
4. **Click 'Apply Now'** under desired position
5. **Attach your completed application** to the e-mail, and send

# Application for Employment

An Equal Opportunity Employer. Application will remain active for 30 days.

Position Applied for: \_\_\_\_\_ Referral Source: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Are you a U.S. Citizen or legally authorized to work in the U.S.?  Yes  No

May we contact your current employer?  Yes  No

Are you on layoff status or subject to recall elsewhere?  Yes  No

Date you are able to start work: \_\_\_\_\_ Pay Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

If hired, how long do you plan to continue working for the company? \_\_\_\_\_

Do you prefer to work:  Full-time  Part-time  Temporary

Are you willing and available to work (*Okay to check more than one*):

On-Call  Days  Evenings  Nights  Overtime  Weekends  Holidays

If applying for a job that requires one, Do you have a valid driver's license?  Yes  No

Have you been convicted of a crime or released from prison in the last 10 years? \*  Yes  No

\*(A "yes" answer will not necessarily bar applicant from employment)

If so, explain: \_\_\_\_\_

Have you previously applied with us?  Yes  No

When: \_\_\_\_\_

Have you previously worked with us?  Yes  No

When: \_\_\_\_\_

Are any of your records under a different name?  Yes  No

If so, what name: \_\_\_\_\_

Do you have any relatives working for us?  Yes  No

If so, who: \_\_\_\_\_

Is there any reason you might be unable to meet our attendance requirements?  Yes  No

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

Education/Training	Name and Location of School	Did you Graduate?	Subjects Studied
High School			
College			
Other Training (Particularly tied to license/ certification)			

Are you taking or do you plan to take any additional education? If so, what? \_\_\_\_\_

\_\_\_\_\_

Skills and Abilities: \_\_\_\_\_

\_\_\_\_\_

List any machines you are skilled in using: \_\_\_\_\_

\_\_\_\_\_

List any skill or abilities you have which are pertinent to the desired position, including hobbies or related interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

*Present or Last Employer:* \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

*Previous Employer:* \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

*Previous Employer:* \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship in years: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship in years: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship in years: \_\_\_\_\_

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### PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING AND DATING THIS APPLICATION

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be contingent upon the successful passing of a physical.
2. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading, or incomplete statements on this application shall be grounds for dismissal.
3. I authorize the company to investigate information concerning my previous employment and education. I hereby release such parties from all liability for any damage that may result from furnishing such information. I authorize this company to request a copy of my credit report from the credit bureau.
4. I understand and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the forgoing.
5. I understand that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

## APPLICATION AFFIRMATIVE ACTION INFORMATION

Team Corporation is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, the employer invites applicants to voluntarily self identify gender, race and ethnicity. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and is only 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 for civil rights enforcement. When reported, data will not identify any specific individual.

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.

### PLEASE PRINT

**Position Applied For (list only one):** \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Are you Hispanic or Latino/a? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

Yes (Skip to question #3)  No (Go to question #2)

2. What race or races do you consider yourself to be? (Check all that apply)

**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

**Native Hawaiian or other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**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

**American Indian or Alaskan 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 (Not Hispanic of Latino):** All Persons who identify with two of more of the above race/ethnicity.

I do not wish to Self-Identify

3. What is your gender?  Male  Female

## 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.<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  
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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.

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<sup>1</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.

Team Corporation shall abide by the requirements of 41 CFR 60-300.5(a). This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.

## Invitation for Job Applicants to Self-identify as a U.S. Veteran

This employer is a Government contract 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 retire 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.

Veteran Status

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

Disabled

Recently separated veteran Date of discharge (mm/dd/yy): \_\_\_\_\_

Active wartime or campaign badge veteran

Armed forces service medal veteran

I AM A PROTECTED VETERAN, BUT I CHOOSE NOT TO SELF IDENTIFY THE CLASSIFICATION TO WHICH I BELONG

I AM NOT A PROTECTED VETERAN

I AM NOT A VETERAN

**Reasonable Accomodation Notice**

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 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.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_