



**PRIOR WORK HISTORY** (List in order, last or present employer first)

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To		Start	Finish		
Job Title			Phone Number			
<i>Describe in detail the work you did.</i>						

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
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<i>Describe in detail the work you did.</i>						

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From	To		Start	Finish		
Job Title			Phone Number			
<i>Describe in detail the work you did.</i>						

**PLEASE NOTE: ALL EMPLOYMENT OFFERS ARE CONTINGENT ON THE APPLICANT PASSING A PRE-EMPLOYMENT DRUG AND ALCOHOL TEST.**

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or any other legally protected status.*

*I understand the employment relationship is "at will" and may be terminated for any or no reason without prior notice by either party. I further understand this written statement supersedes any and all oral representations made by agents or representatives of this company.*

*I certify that the information on this application, on related papers, and in interviews is true, correct and complete. I recognize that false, misleading or omitted information will result in discharge or refusal of employment. I authorize the employer to make inquiries concerning prior work experience. I release from liability all persons, companies and corporations supplying any such information. I have read and understand the above statements.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

VOLUNTARY PRE-EMPLOYMENT SELF-IDENTIFICATION FORM

(Please answer all questions – Please Print)

Arkwin Industries is subject to recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites employees voluntarily to self-identify their race and ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws and regulations, including those that require the information to be reported and summarized to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This Pre-Employment Information Form will be kept in a Confidential File separate from the attached Employment Application.

**Do not hesitate to ask for assistance if you have any difficulty completing this form.**

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_  
(List no more than two positions)

Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Are you Hispanic or Latino? \_\_\_\_\_ Yes

\_\_\_\_\_ No

If not, what race do you consider yourself? (Please check only one)

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ White
- \_\_\_\_\_ Two or More Races

Ethnicity

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

Race

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Asian (Not Hispanic or Latino) – A person having origins in any of the original people 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.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White (Not Hispanic or Latino) – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

# 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  
Expires 1/31/2017  
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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>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.

**Pre-Offer Protected Veteran Self-Identification Form**  
**[41 C.F.R. § 60-300.42]**

Arkwin Industries 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:

- (1) A "disabled veteran" is one of the following:
  - a. 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
  - b. A person who was discharged or released from active duty because of a service-connected disability.
- (2) 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.
- (3) 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.
- (4) 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

The information 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 American with Disabilities Act, may be informed.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS STATUS LISTED ABOVE.
- I AM NOT A PROTECTED VETERAN.
- I DECLINE TO SELF IDENTIFY CONCERNING VETERAN STATUS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name