



Conditions of employment are stated at the end of this form. Please read carefully
before you sign this application.
(Application must be completed in full even if attaching a resume.)

POSTION APPLYING FOR: _____

DATE: _____

PERSONAL		
PLEASE PRINT USING BALLPOINT PEN		
FIRST NAME, MIDDLE, LAST NAME:		SOCIAL SECURITY NUMBER:
CURRENT ADDRESS: STREET, CITY, STATE, ZIP		PRESENT LENGTH OF RESIDENCY
HOME PHONE NUMBER, MESSAGE MACHINE (Y OR N):	MOBILE PHONE NUMBER:	EMAIL ADDRESS:

GENERAL INFORMATION	
ARE YOU UNDER AGE 18? YES OR NO (CIRCLE ANSWER)	IF UNDER AGE 18, PLEASE STATE YOUR AGE:
DO YOU HOLD A VALID DRIVERS LICENSE?	
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? YES OR NO (CIRCLE ANSWER)	
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? YES OR NO (CIRCLE ANSWER) (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES OR NO (CIRCLE ANSWER) IF YES, PLEASE EXPLAIN:	
WAGE EXPECTED:	DATE AVAILABLE FOR WORK:



EMPLOYMENT HISTORY			
<p>BEGIN WITH YOUR MOST RECENT EMPLOYMENT (1) AND CONTINUE WITH ALL PAST EMPLOYMENT. ATTACH ADDITIONAL SHEET IF NECESSARY.</p> <p>SEE RESUME, RESUME ATTACHED OR ANY OTHER REFERENCE TO RESUME IS INSUFFICIENT. ALL INFORMATION BELOW MUST BE PROVIDED.</p>			
CURRENT/MOST RECENT EMPLOYER		EMPLOYMENT DATE (MONTH/YEAR)	NAME OF SUPERVISOR:
1.NAME OF COMPANY:			
ADDRESS:		START DATE OF EMPLOYMENT	
CITY, STATE, ZIP:		ENDING DATE OF EMPLOYMENT	
PHONE NO.:		TYPE OF BUSINESS	
DESCRIPTION OF JOB DUTIES: (CHECK OFF IF RESUME IS ATTACHED) <input type="checkbox"/>			
BEGINNING SALARY:	ENDING SALARY:	BEGINNING JOB TITLE:	ENDING JOB TITLE:
REASON FOR LEAVING:			

EMPLOYMENT HISTORY			
CURRENT/MOST RECENT EMPLOYER		EMPLOYMENT DATE (MONTH/YEAR)	NAME OF SUPERVISOR:
2.NAME OF COMPANY:			
ADDRESS:		START DATE OF EMPLOYMENT	
CITY, STATE, ZIP:		ENDING DATE OF EMPLOYMENT	
PHONE NO.:		TYPE OF BUSINESS	
DESCRIPTION OF JOB DUTIES: (CHECK OFF IF RESUME IS ATTACHED) <input type="checkbox"/>			
BEGINNING SALARY:	ENDING SALARY:	BEGINNING JOB TITLE:	ENDING JOB TITLE:
REASON FOR LEAVING:			



EMPLOYMENT HISTORY			
CURRENT/MOST RECENT EMPLOYER		EMPLOYMENT DATE (MONTH/YEAR)	NAME OF SUPERVISOR:
3.NAME OF COMPANY:			
ADDRESS:		START DATE OF EMPLOYMENT	
CITY, STATE, ZIP:			
PHONE NO.:			
ENDING DATE OF EMPLOYMENT			
TYPE OF BUSINESS			
DESCRIPTION OF JOB DUTIES: (CHECK OFF IF RESUME IS ATTACHED) <input type="checkbox"/>			
BEGINNING SALARY:	ENDING SALARY:	BEGINNING JOB TITLE:	ENDING JOB TITLE:
REASON FOR LEAVING:			

EMPLOYMENT HISTORY			
CURRENT/MOST RECENT EMPLOYER		EMPLOYMENT DATE (MONTH/YEAR)	NAME OF SUPERVISOR:
4.NAME OF COMPANY:			
ADDRESS:		START DATE OF EMPLOYMENT	
CITY, STATE, ZIP:			
PHONE NO.:			
ENDING DATE OF EMPLOYMENT			
TYPE OF BUSINESS			
DESCRIPTION OF JOB DUTIES: (CHECK OFF IF RESUME IS ATTACHED) <input type="checkbox"/>			
BEGINNING SALARY:	ENDING SALARY:	BEGINNING JOB TITLE:	ENDING JOB TITLE:
REASON FOR LEAVING:			



EDUCATION					
EDUCATION TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	MAJOR SUBJECT	LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS/TRADE/OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

PERSONAL OR BUSINESS REFERENCES	
(1)NAME	OCCUPATION/BUSINESS PHONE:
HOME ADDRESS, HOME PHONE	TITLE/RELATIONSHIP:
CITY, STATE, ZIP	HOW LONG KNOWN:
(2) NAME	OCCUPATION/BUSINESS PHONE:
HOME ADDRESS, HOME PHONE	TITLE/RELATIONSHIP:
CITY, STATE, ZIP	HOW LONG KNOWN:



NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE,
I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION,
INCOMPLETENESS OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER
ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF
EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF
WHEN OR HOW DISCOVERED.**

**Questions regarding this statement should be directed to any employment interviewer
before signing. The application will be given every consideration, but its receipt does
not imply that the applicant will be employed.**

**It is the policy of Duncan Machine Products, INC. who hire employees to afford equal
opportunity to all employees and applicants for employment without regard to age,
race, religion, color, sex, national origin, marital status, expunged juvenile records, or
pregnancy, and to afford equal opportunities to disabled veterans, veterans of the
Vietnam era, and individuals with a disability, any and other characteristic protected by
Federal, State or Local law.**

**I authorize the investigation of all statements and information contained in this
application. I release from all making an investigation.**

**I acknowledge that I have read and understand the above statements and hereby grant
permission to confirm the information supplied on this application by me.**

APPLICANT SIGNATURE: _____ Date: _____

APPLICANT NAME (PLEASE PRINT) _____

ATTENTION JOB APPLICANT

Voluntary Self- Identification Information

Duncan Machine Products, Inc. is an equal opportunity employer and does not unlawfully discriminate against applicants for employment on the basis of an individual's race, color, religion, creed, sex, sexual orientation, gender identity, national origin, age, disability, marital status, genetic information, veteran status or any other status protected by applicable law.

Duncan Machine Products, Inc. does business with the Federal Government and Department of Defense, and therefore must follow certain laws and regulations. In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, which may apply, we invite you to complete these voluntary self-identification forms. Failure to provide information will not subject you to any adverse personnel decision or action. *Your cooperation is appreciated.*

Please separate these forms from the employment application.

These forms **are not** for interview purposes and should be submitted separately by emailing the forms to Human Resources. In the Subject line please put *Job Applicant Self-Identification Forms* and email to: robyn.graham@duncanmachineproducts.com

Duncan Machine Products, Inc.

EEO/AA

Pre-Offer Voluntary Self-Identification Information

Duncan Machine Products, Inc. is an EEO/Affirmative Action Employer

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Vietnam Era Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA) governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of protected veterans.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for

Date

REFERRAL SOURCE

- | | | |
|--------------------------------------------------|------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> State Workforce Agency | <input type="checkbox"/> Company Website | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Online / Job Websites | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employee Referral _____ | | |
| <input type="checkbox"/> Employment Agency _____ | | |

APPLICANT INFORMATION

Name:

Last

First

Middle

Address:

Street

City

State

ZIP

Home Phone:

Business phone/Cell phone:

ETHNICITY/RACE CATEGORIES

ETHNICITY/RACE: (identify **one or more** race categories)(definitions on the back)

- | | | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Hispanic or Latino or identify a race listed below | | |
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaii or Other Pacific Islander (not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) | <input type="checkbox"/> Two or more races (not Hispanic or Latino) |
| <input type="checkbox"/> Do not wish to identify | | |

GENDER CATEGORIES

☐ Male ☐ Female ☐ Do Not Wish to Identify

PROTECTED VETERAN CATEGORIES

☐ Protected Veteran ☐ Not a Protected Veteran ☐ Do Not Wish to Identify

DEFINITIONS

ETHNICITY/RACE CATEGORY DESCRIPTIONS:

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

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

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

Asian (not Hispanic or Latino) includes a person have 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 (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) 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 Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes 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.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____