



### Applicant (Pre-Offer) Voluntary Self-Identification Form

Hammond & Irving is a Government contractor subject to Executive Order 11246, which requires Government contractors to ensure equal employment opportunity for all persons, without regard to race, color, religion, sex, sexual orientation, gender identity or national origin, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974 ("VEVRAA"), as amended by the Jobs for Veterans Act of 2002, which prohibits discrimination against protected veterans and requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed Forces service medal veterans.

As part of our affirmative action efforts, we request your cooperation in completing this voluntary identification form which allows us to comply with Government requirements for record keeping and periodic reporting of this data. The information you provide will be treated confidential and will be used only in accordance with Government reporting requirements. Failure to provide the information requested will not subject you to adverse consideration for the position for which you have applied.

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

Position(s) Applied For: \_\_\_\_\_

**Gender (Check One):**

Male

Female

**Race/Ethnicity (see below definitions)**

Are You Hispanic or Latino?  Yes  No

**Race (check one):**

American Indian or Alaska Native

Asian

Black or African American

White

Native Hawaiian or Other Pacific Islander

Two or More Races

## **Veteran Status (see below categories and definitions)**

If you believe you belong to any of these categories of protected veterans, please indicate by checking the appropriate box below.

- I identify as one or more of the classifications of protected veterans
- I am not a protected veteran                       I choose not to self-identify as a protected veteran

## **DEFINITIONS FOR VOLUNTARY IDENTIFICATION**

### **Ethnicity / RACE**

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

**American Indian or Alaska Native** – A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

**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.

**White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Two or More Races** – A person who identifies with more than one of the above five races.

### **Veteran Status**

**Disabled Veteran** refers to 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 the laws administered by the Secretary of Veterans Affairs or who was discharged or released from active duty because of a service-connected disability.

**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.

**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.

**Armed Forces service medal veteran** refers to 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.

## 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](http://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: \_\_\_\_\_



# APPLICATION FOR EMPLOYMENT

*Hammond & Irving, Inc. is an equal opportunity/affirmative action employer. As such, it is the policy of Hammond & Irving not to discriminate against applicants or employees in any facet of employment on the basis of race, color, sex, age, religion, national origin, sexual orientation, gender identity, disability, veteran status, genetics or any other basis protected by applicable state and federal law. If an applicant requires a reasonable accommodation in connection with the application process, please notify [the Human Resources Department] as soon as possible.*

**DRUG TESTING REQUIREMENT**

Applicants may be tested for illegal drugs according to the procedures permitted by applicable law and must pass any administered drug test(s) to be considered eligible for employment. Hammond & Irving will reject any application for employment submitted by an individual who refuses to take a lawful drug test or sign any related testing documentation permitted under law.

**INSTRUCTIONS:** Please type or print, legibly. Please answer all questions. If a question does not apply to you, please respond "N/A" (not applicable). Hammond & Irving will not accept, nor will it consider, incomplete employment applications.

|           |            |                     |
|-----------|------------|---------------------|
| Last Name | First Name | Middle Initial      |
| Address   | Number     | Street              |
| City      | State      | Zip Code            |
|           |            | Telephone Number(s) |

|   |                     |
|---|---------------------|
| Position(s) Applied For   | Date of Application |
| How Did You Learn About Us?   |                     |
| <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> DOL<br><input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Cayuga Works <input type="checkbox"/> Other _____ |                     |

|   |  |
|---|--|
| Best time to contact you at home is:  | ____:____AM<br>____:____PM   |
| Have you ever filed an application with us before?<br>If Yes, give date _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Have you ever been employed with us before?<br>If Yes, when? From _____ to _____<br>What position(s) did you hold? _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Do any of your friends or relatives, other than spouse, work here?<br>If Yes, state name, relationship and location _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are you currently employed?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| May we contact your present employer?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are you at least 18 years of age?<br>If not, can you provide proof regarding your eligibility to work?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you authorized to work in the United States?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time (please indicate 1 2 3 or any shift)  
 Part Time (please indicate Mornings Afternoon Evenings)  
 Temporary (please indicated dates available \_\_\_/\_\_\_ - \_\_\_/\_\_\_)

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

Can you travel if a job requires it?  Yes  No

**EDUCATION**

| School                 | Name and Address of School | Course of Study | Years Completed | Diploma / Degree |
|------------------------|----------------------------|-----------------|-----------------|------------------|
| High School            |                            |                 |                 |                  |
| Undergraduate College  |                            |                 |                 |                  |
| Graduate/ Professional |                            |                 |                 |                  |
| Other (Specify)        |                            |                 |                 |                  |

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, sex, age, religion, national origin, sexual orientation, gender identity, disability, veteran status, genetics or any other basis protected by applicable state and federal law.

|                                   |                           |   |                       |
|-----------------------------------|---------------------------|---|-----------------------|
| <b>Employer</b>                   | <b>Dates Employed</b>     |   | <b>Work Performed</b> |
| <b>Address</b>                    | <b>From</b>               | <b>To</b>   |                       |
| <b>Telephone Number(s)</b>        | <b>Hourly Rate/Salary</b> |   |                       |
| <b>Starting/Present Job Title</b> |                           |   |                       |
| <b>Supervisor</b>                 |                           |   |                       |
| <b>Reason for Leaving</b>         |                           | <b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |

|                                   |                           |   |                       |
|-----------------------------------|---------------------------|---|-----------------------|
| <b>Employer</b>                   | <b>Dates Employed</b>     |   | <b>Work Performed</b> |
| <b>Address</b>                    | <b>From</b>               | <b>To</b>   |                       |
| <b>Telephone Number(s)</b>        | <b>Hourly Rate/Salary</b> |   |                       |
| <b>Starting/Present Job Title</b> |                           |   |                       |
| <b>Supervisor</b>                 |                           |   |                       |
| <b>Reason for Leaving</b>         |                           | <b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |

|                                   |                           |   |                       |
|-----------------------------------|---------------------------|---|-----------------------|
| <b>Employer</b>                   | <b>Dates Employed</b>     |   | <b>Work Performed</b> |
| <b>Address</b>                    | <b>From</b>               | <b>To</b>   |                       |
| <b>Telephone Number(s)</b>        | <b>Hourly Rate/Salary</b> |   |                       |
| <b>Starting/Present Job Title</b> |                           |   |                       |
| <b>Supervisor</b>                 |                           |   |                       |
| <b>Reason for Leaving</b>         |                           | <b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |

|                                   |                           |   |                       |
|-----------------------------------|---------------------------|---|-----------------------|
| <b>Employer</b>                   | <b>Dates Employed</b>     |   | <b>Work Performed</b> |
| <b>Address</b>                    | <b>From</b>               | <b>To</b>   |                       |
| <b>Telephone Number(s)</b>        | <b>Hourly Rate/Salary</b> |   |                       |
| <b>Starting/Present Job Title</b> |                           |   |                       |
| <b>Supervisor</b>                 |                           |   |                       |
| <b>Reason for Leaving</b>         |                           | <b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |

**Please explain any gaps in employment.**

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**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

*You may exclude membership which would reveal race, color, sex, age, religion, national origin, sexual orientation, gender identity, disability, veteran status, genetics or any other basis protected by applicable state and federal law.*

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**Describe any job-related training received in the United States Military.**

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**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal race, color, sex, age, religion, national origin, sexual orientation, gender identity, disability, veteran status, genetics or any other basis protected by applicable state and federal law.*

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**ADDITIONAL INFORMATION**

**Other Qualifications** *Please summarize any special job-related skills and additional qualifications that you feel are relevant and would like for us to consider.*

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**SPECIALIZED SKILLS (Skills/Equipment Operated)**

|                                     |  |                   |       |
|-------------------------------------|--|-------------------|-------|
| <input type="checkbox"/> Terminal   | <input type="checkbox"/> Spreadsheet     | Production/Mobile |       |
| <input type="checkbox"/> PC/MAC     | <input type="checkbox"/> Word Processing | Machinery         | Other |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Shorthand       | _____             | _____ |
| WPM _____                           | WPM _____                                | _____             | _____ |

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

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT**

**THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?  Yes  No

I have reviewed the job duties involved in the position for which I am applying. \_\_\_\_\_  
*Applicant To Initial*

**PERSONAL/PROFESSIONAL REFERENCES: Do not include family members**

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| 1.   |              |                   |            |
| 2.   |              |                   |            |
| 3.   |              |                   |            |

**APPLICANT'S STATEMENT**

I certify that the provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge.

In this regard, I hereby authorize Hammond & Irving to investigate all of the statements and answers contained in this employment application as may be necessary to make an employment determination. Specifically, I authorize former employers, companies, schools and persons to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records.

I hereby release and hold harmless Hammond & Irving and its agents, owners, representatives and affiliates, and any individual or entity, including but not limited to, those described above, that shall provide information to Hammond & Irving, from and against any and all claims, demands, suits or expenses from or related to the content, validity or handling of the information and/or reports provided above.

I agree that falsified information or material omissions will disqualify me from employment, will result in the withdrawal of any offer of employment, and will be considered cause for dismissal if discovered at a later date.

If employment is obtained under this application, I will comply with all rules and regulations of Hammond & Irving and further agree to be responsible for company property and equipment issued to me until returned to Hammond & Irving.

I hereby agree to submit to any lawful drug or alcohol testing that may be required as a condition of employment and understand that refusal to submit to such testing may result in the withdrawal of any offer of employment.

I understand that according to federal law all individuals must, as a condition of employment, produce certain documentation to verify their identity as a U.S. citizen/legal permanent resident or, if a foreign national, their legal authorization to work in the United States. As a result, I understand that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

I hereby understand that if my application for employment with Hammond & Irving is successful, my employment relationship with this company is "at-will," meaning that I may resign at any time and Hammond & Irving may fire me at any time, with or without cause and with or without notice. It is further understood that my employment relationship is "at-will," unless expressly changed by a written employment agreement or labor contract.

This application for employment shall be considered active for a period of time not to exceed 45 days. In order to be considered for any available job openings that may exist after the 45-day period has expired, I must complete a new application for employment with Hammond & Irving.

|  |                      |
|--|----------------------|
| _____<br><b>Signature of Applicant</b> | _____<br><b>Date</b> |
|--|----------------------|