



## Employment Application

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Preferred Name/Nickname: \_\_\_\_\_ S.S. # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relatives working for Alice Mfg. & Relationship: \_\_\_\_\_

Friends working for Alice Mfg.: \_\_\_\_\_

How did you find out about us?  SCWorks  Greenville News  Career Builder  Other: \_\_\_\_\_

### Education

Last School Attended	Last Grade Completed	Are You Currently Attending School?

### Work Experience

Employer	Job Duties	Rate of Pay	Employment Dates	Reason for Leaving
Present			From: To:	
Last Employer			From: To:	
Next to Last Employer			From: To:	

Check **ALL** shifts for which you are available: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Have you ever worked for Alice Mfg. Co.? Yes \_\_\_\_\_, No \_\_\_\_\_. If yes, give Plant and Dept: \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please note the date, crime and disposition on the back.** Convictions are not an automatic bar to employment. The Company will consider the nature of the job for which you are applying; the nature of the crime; and the passage of time before making any determination about whether a conviction will be a bar to employment.

### Personal Reference (no relatives)

Name: _____	Occupation: _____	Phone: _____
Address: _____		

The company conducts its business with the highest possible degree of safety and efficiency. Because of this, the company requires all applicants for employment to undergo blood and/or urinalysis screening for drug use as part of their preplacement examination. In addition, all employees of the company are subject to blood tests or urinalysis screening for drug use.

**ALICE MANUFACTURING ADHERES TO CONCEPT OF EMPLOYMENT COMMONLY KNOWN AS EMPLOYMENT "AT WILL." THIS MEANS THAT EITHER YOU OR THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITHOUT PRIOR NOTICE.**

Signature \_\_\_\_\_

# VOLUNTARY SELF-IDENTIFICATION

The information requested below is used by Alice Manufacturing Company, Inc. only to maintain records required of employers doing business with the federal government. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH ALICE MANUFACTURING COMPANY, INC. If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunities with Alice Manufacturing Company, Inc., which is an equal employment opportunity/affirmative action employer.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Job Applied For: \_\_\_\_\_ Referral Source: \_\_\_\_\_

## Race/Ethnicity:

- |  |   |
|--|---|
| <input type="checkbox"/> Hispanic or Latino  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) |
| <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) | <input type="checkbox"/> White or Caucasian (Not Hispanic or Latino)                        |
| <input type="checkbox"/> Asian (Not Hispanic or Latino)                            | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)                         |
| <input type="checkbox"/> Black or African-American (Not Hispanic or Latino)        | <input type="checkbox"/> I do not wish to disclose this information                         |

Gender:  Male  Female  I do not wish to disclose this information

## Self-ID for Veterans If you never served in the military, check here and go to next page

This employer 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:

- 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 retired 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 the Uniformed Services Employment and Reemployment Rights Act (USERRA). 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.

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 in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- |   |  |
|---|--|
| <input type="checkbox"/> I AM A PROTECTED VETERAN                   | <input type="checkbox"/> I AM ANOTHER TYPE OF VETERAN NOT LISTED ABOVE                             |
| <input type="checkbox"/> I AM NOT A PROTECTED VETERAN               | <input type="checkbox"/> I AM A RECENTLY SEPARATED VETERAN AND MY DISCHARGE/RELEASE DATE IS: _____ |
| <input type="checkbox"/> I DO NOT WISH TO DISCLOSE THIS INFORMATION |  |

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 VEVRAA.

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.

# Voluntary Self-Identification of Disability

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.