



EMPLOYMENT APPLICATION

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, gender identity, sexual orientation, age 40 and over, disability status, protected veteran status, or any other applicable status protected by federal, state or local law.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Note that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position applied for:

Today's Date:

Type of employment desired:

Hourly Rate/Salary Desired:

Date you can start:

PERSONAL INFORMATION

Name

Address

E-mail Address

Phone

Alternate Phone

Are you eligible to work in the U.S.?

Are you at least 18 years or older?

Yes

Yes

No

No

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.)

Yes

No

If yes, provide details (a conviction will not necessarily disqualify an applicant from employment):

Have you ever been terminated from employment or asked to resign by an employer?

Yes

No

If yes, provide company names and details:

GENERAL

Have you applied with CPC before?

Yes

No

If yes, please provide details (position, date etc.):

Have you worked for CPC in the past?

Yes

No

If yes, please provide details (dates of employment, position etc.):

Can you perform essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes

No

What skills or additional training do you have that are related to the job for which you are applying?

Are you currently employed?

Yes

No

If so, may we contact your current employer?

Yes

No

How did you hear about us?

Job board

Referral

CPC web site

Google search

Workforce Center

Other

If job board, which one?

If referral, who?

If other, please provide details:

EDUCATION

School Name	Location	No. of Years Completed	Diploma or Degree
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School Name	Location	No. of Years Completed	Diploma or Degree
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School Name	Location	No. of Years Completed	Diploma or Degree
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EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Employer #1	Job Title	Dates Employed
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Phone	Address
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Supervisor Name and Title	Reason for Leaving
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Employer #2	Job Title	Dates Employed
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Phone	Address
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Supervisor Name and Title

Reason for Leaving

Employer #3

Job Title

Dates Employed

Phone

Address

Supervisor Name and Title

Reason for Leaving

PROFESSIONAL REFERENCES

Reference #1

Title

Company

E-mail

Phone

Relationship

Reference #2

Title

Company

E-mail

Phone

Relationship

Reference #3

Title

Company

E-mail

Phone

Relationship

AFFIDAVITE, CONSENT AND RELEASE

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT NEITHER THE COMPLETION OF THIS APPLICATION NOR ANY OTHER PART OF MY CONSIDERATION FOR EMPLOYMENT ESTABLISHES ANY OBLIGATION FOR CPC TO HIRE ME. FURTHERMORE, I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements. By checking this box and typing my name below, I am electronically signing my application.

First Name

Middle

Last Name

Date

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of CPC to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, sexual orientation, gender identity, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246, we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

First Name

Middle Initial

Last Name

Date

Position applied for (list only one)

Where did you hear about this job?

Race/Ethnicity (You may mark one or more of the following):

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

American Indian or Alaska 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.

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

Black or African American – A person having origins in any of the black racial groups of Africa.

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.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Sex:

Male

Female

I elect not to identify

By checking this box and typing my name below, I am electronically signing this form.

Signature (type in your full name)

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

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. 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes:

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:

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.

i 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.

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.

Veteran Status

CPC 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 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**.

First Name

Middle

Last Name

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.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE
 I AM NOT A PROTECTED VETERAN

By checking this box and typing my name below, I am electronically signing this form.

Signature (type in your full name):