

# Application for Employment Dante Valve Company, Inc.

Date of Application

**Dante Valve Company** is committed to attracting and retaining a diverse workforce that represents the diversity of the communities in which we operate, of our clients, and of their constituents. To support our commitment, we have implemented business policies, a policy of equal employment opportunity, and human resources practices designed to ensure full realization of employment opportunity without regard to race, color, age, religion, sex, national origin, citizenship, disability, sexual orientation, marital status, veteran status and pregnancy or other characteristics to the extent protected by Federal, state or local law. Decisions about recruitment, hiring, training, promotions, compensation benefits, and other human resources practices will be based on individual merit. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

## PERSONAL DATA

Name (First)	(Last)	(Middle)	Email
Present Address (Street)	(City & State)	(Zip)	(Home Phone) / (Business Phone)
Permanent Address (If different from present address)			
Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, would you have a means of reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>In accordance with the Immigration Reform and Control Act of 1988, proof of employment eligibility and identification will be required on your first day of employment</i>			
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please describe the functions that you cannot perform:	
<i>We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.</i>			

## EMPLOYMENT DESIRED

Position Desired	Have you ever been employed by us? If yes, give dates <input type="checkbox"/> Yes <input type="checkbox"/> No							
Salary Requirements	Date available for employment							
How did you learn of this opening?	Have you ever interviewed with us?							
Hours available	From / To	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Are you available to work overtime, if necessary?								
Are you applying for regular full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you applying for regular part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, which language(s)?			

## EDUCATION

Please list last high school attended, beginning with the most recent; list all colleges, vocational and military service schools attended.																							
Grade	1	2	3	4	5	6	7	8	9	10	11	12	GED	COLLEGE	1	2	3	4	5	6	7	8	Did you attend school under a different name <input type="checkbox"/> Yes <input type="checkbox"/> No Name:
Last School					Major Emphasis					Grade Point Average													
Location					Graduate?					Level/Type of Degree													
School Name					No. of years attended					Major GPA													
Location													Overall GPA										
Major Emphasis					Degree Completed <input type="checkbox"/> Yes <input type="checkbox"/> No					Level/Type of Degree													
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Major Emphasis					Degree Completed <input type="checkbox"/> Yes <input type="checkbox"/> No					Level/Type of Degree													
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Major Emphasis					Degree Completed <input type="checkbox"/> Yes <input type="checkbox"/> No					Level/Type of Degree													
School Name					No. of years attended					Major GPA													
Location													Overall GPA										
Major Emphasis					Degree Completed <input type="checkbox"/> Yes <input type="checkbox"/> No					Level/Type of Degree													

## EMPLOYMENT HISTORY

Please complete in detail starting with PRESENT employer, list ALL employment and explain any time not accounted for, attach resume for additional information.			
Any offer of employment will be contingent upon a satisfactory completion of a reference check		May We contact your current employer prior to making an offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Supervisor's Name and Phone No.	Dates of Employment	
		From Mo./Yr.	To Mo./Yr
Address		Did you work in this position under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your position, title and duties		If yes, give name:	
Reason for leaving			
Any offer of employment will be contingent upon a satisfactory completion of a reference check		May We contact your current employer prior to making an offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Supervisor's Name and Phone No.	Dates of Employment	
		From Mo./Yr.	To Mo./Yr
Address		Did you work in this position under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your position, title and duties		If yes, give name:	
Reason for leaving			

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Company Name		Supervisor's Name and Phone No.	
		Dates of Employment	
		From Mo./Yr.	To Mo./Yr
Address		Did you work in this position under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your position, title and duties		If yes, give name:	
Reason for leaving			
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Company Name		Supervisor's Name and Phone No.	
		Dates of Employment	
		From Mo./Yr.	To Mo./Yr
Address		Did you work in this position under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your position, title and duties		If yes, give name:	
Reason for leaving			

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_  
Name Phone # Relation

**References:** List below three persons not related to you, who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
Name Phone # Physical Address Occupation

\_\_\_\_\_  
Name Phone # Physical Address Occupation

\_\_\_\_\_  
Name Phone # Physical Address Occupation

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only thirty (30) days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an authorized company officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete Form I-9 in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Voluntary Applicant Data Record

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The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

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

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

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.

Asian (Not Hispanic or Latino): 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.

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 maintains tribal affiliation or community attachment.

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

Date completed: \_\_\_\_\_

Please return form to the HR department. Thank you for your participation.

## Voluntary Applicant Data Record

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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 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.

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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.

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

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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	Intellectual disability (previously called mental
Epilepsy	Muscular	partially missing limbs	retardation)
	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  
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Expires 1/31/2020  
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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.