



# Application For Employment

David Clark Company is an equal employment opportunity employer which employs qualified individuals based on job-related qualifications. The Company does not discriminate on the basis of race, color, national origin, sex, age sexual orientation, qualified disability status, status as a Vietnam-Era or special disabled veteran, or any other status protected by federal, state or local law. The Company complies with laws regarding reasonable accommodation for disabled employees and applicants.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_ Rate of Pay Expected: \_\_\_\_\_/week

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency

Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Telephone \_\_\_\_\_

Are you under 18?  Yes  No

If employed and you are under 18,  
can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Are you related by blood or marriage to a current David Clark employee?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full-Time  Part-Time  Shift Work  Temporary  Overtime

Are you on a layoff and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

**AN EQUAL OPPORTUNITY EMPLOYER**

Veteran of the U.S. military service?  Yes  No

If Yes, Branch \_\_\_\_\_

Please describe any special skills or training acquired while in the service.

## Education

	Elementary					High				College/University				Graduate/ Professional			
Name of School																	
Check highest level of Education	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

### REFERENCES

Give name, address and telephone number of two references who are not related to you and are not previous employers.

# Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

## **Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience.

The statements and information furnished by me in this application, in my resume or during my employment interviews, are true and complete. I understand that I will not be hired, or may be subject to immediate dismissal, if at any time the Company discovers any material falsification, omission or misrepresentation of fact in this application or during the interview process. I authorize David Clark Company to contact references, prior employers, law enforcement authorities, and educational institutions to obtain information about me, and I release such references, prior employers, law enforcement authorities, educational institutions and David Clark Company from any liability resulting from or arising from such inquiries and/or furnishing information to the Company.

I understand that nothing contained in this application and nothing said to me during the interview process is intended to create an employment contract or to guarantee employment for any particular period of time. My employment with David Clark Company will be "at-will," which means that I or the Company can terminate the employment relationship at any time and for any reason, with or without advance notice. I understand that no one at the Company other than the President has the authority to modify this at-will relationship, and that any such modification must be in writing and signed by the President.

Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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*Signature of Applicant*

*Date*

**For Personnel Department Use Only**

Arrange Interview       Yes       No

Remarks \_\_\_\_\_

INTERVIEWER

DATE

Employed       Yes       No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

**EMPLOYMENT DATA RECORD - FOR RECORD KEEPING ONLY**

Applicants to the David Clark Company are treated during the hiring process and employment tenure without regard to race, color, religion, sex, pregnancy, national origin, citizenship, age, veteran status, disability, genetic information, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports may be made to the government on the following information. Your completion of this Data Record is voluntary. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

**VOLUNTARY SURVEY**

(Please Print)

Date \_\_\_\_\_

Name:
Job Applying For:
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I decline to disclose
Check One Of The Following: (Race/Ethnicity)
<input type="checkbox"/> White
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Two or more races
<input type="checkbox"/> I decline to disclose

## Voluntary Self-Identification as Veteran (Pre-Offer)

1. 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.

2. 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

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

3. 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 the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. 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

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### 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  
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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.