

## EMPLOYMENT APPLICATION

### I. Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Social Security Number or Driver's License Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

- If hired, can you provide proof that you are legally able to work in the United States?  
Yes\_\_\_ No\_\_\_

- How were you referred to us?  
Advertisement \_\_\_ Referral \_\_\_ Employment Agency \_\_\_ Walk-In \_\_\_ Other \_\_\_

- List any relatives or friends employed by Goldfinch Bros., Inc.:

\_\_\_\_\_  
\_\_\_\_\_

### II. Employment

- Position Desired: \_\_\_\_\_

- Salary Desired: \_\_\_\_\_

- What days and hours are you available for work?

\_\_\_\_\_

- Are you available to work overtime if necessary?  
Yes\_\_\_ No\_\_\_

- Are you over 18 years of age?  
Yes\_\_\_ No\_\_\_

If you are under 18 years of age, can you provide a work permit?

Yes\_\_\_ No\_\_\_

- When are you available to begin work? \_\_\_\_\_

- Are you able to perform the essential functions of the job for which you are applying? *Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:*

Yes\_\_\_ No\_\_\_

**III. Skills**

- Do you speak, write, or understand any language other than English?  
Yes\_\_\_ No\_\_\_  
If yes, which language and with what proficiency? \_\_\_\_\_

- Are you able to operate a personal computer?  
Yes\_\_\_ No\_\_\_  
If yes, what types of computer software do you have proficiency in?  
\_\_\_\_\_

List any other office machines you can operate:

\_\_\_\_\_

- What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Education**

- High School or Trade School  
Name & City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate?

Yes\_\_\_ No\_\_\_

Degree(s) or Diploma(s): \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

- College or University  
Name & City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate?

Yes\_\_\_ No\_\_\_

Degree(s) or Diploma(s): \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

**V. Employment History**

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer.

- Positions Held: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

Company Telephone Number: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hours and Days Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Is this your current employer?

Yes\_\_\_ No\_\_\_

May we contact this employer?

Yes\_\_\_ No\_\_\_

Specific Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

- Positions Held: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

Company Telephone Number: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hours and Days Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Is this your current employer?

Yes\_\_\_ No\_\_\_

May we contact this employer?

Yes\_\_\_ No\_\_\_

Specific Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

▪ Positions Held: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hours and Days Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Is this your current employer?

Yes\_\_\_ No\_\_\_

May we contact this employer?

Yes\_\_\_ No\_\_\_

Specific Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**VI. Military Service**

- Have you obtained any special skills or abilities as the result of services in the military?  
Yes\_\_\_ No\_\_\_

If yes, please describe:

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**VII. Personal References**

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

- Name of Reference #1: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone Number: (\_\_\_\_) \_\_\_\_\_
- Name of Reference #2: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone Number: (\_\_\_\_) \_\_\_\_\_

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**APPLICANT'S STATEMENT**  
*(Initial each numbered item as read)*

1. \_\_\_\_\_ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by Goldfinch Bros., Inc. or its agents.
2. \_\_\_\_\_ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of Goldfinch Bros., Inc., for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release Goldfinch Bros., Inc., my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. \_\_\_\_\_ I understand that Goldfinch Bros., Inc. is committed to maintaining a drug and alcohol free work place. Accordingly, I will be subject to a pre-employment drug/alcohol screening. I further understand that if employed, I will be subject to random drug and alcohol screening as well as if the Goldfinch Bros., Inc. has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. \_\_\_\_\_ I authorize Goldfinch Bros., Inc. to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand

that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information obtained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.

5. \_\_\_\_\_ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
  
6. \_\_\_\_\_ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or Goldfinch Bros., Inc.. There will be no agreement, express or implied between Goldfinch Bros., Inc. and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of Goldfinch Bros., Inc..
  
7. \_\_\_\_\_ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

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

Applicant Signature: \_\_\_\_\_

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



The following pages are  
voluntary surveys that are  
requested of all applicants.

Please read each carefully and  
participate if you so choose.

Thank you,

Goldfinch Bros., Inc

## Voluntary Self-Identification of Disability

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

## VOLUNTARY APPLICANT SURVEY

We are an equal opportunity and affirmative action employer committed to compliance with applicable government regulations and affirmative action responsibilities. To help us comply with recordkeeping, reporting and affirmative action requirements, we ask that you assist us by completing this Voluntary Applicant Survey. This data is for periodic government reporting and will be maintained confidentially.

Date \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle Initial

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

Referral Source:  Advertisement  Employee  Friend  Walk-In  
 Employment Agency  Other \_\_\_\_\_  
 GD Website

This data is for analysis and affirmative action only and submission is voluntary.

Check One:  Male  Female

Check Applicable Box:  White  Black/African American  
 Hispanic or Latino  Asian  
 Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
 American Indian or Alaskan Native \_\_\_\_\_

Check If Applicable: <sup>1</sup>  Recently Separated Veteran  
 Active Duty Wartime or Campaign Badge Veteran  
 Armed Forces Service Medal Veteran

<sup>1</sup> The following definitions apply to the above veteran categories:

**Recently Separated Veteran** - 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** – 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 laws administered by the Department of Defense.

**Armed Forces Service Medal Veteran** – Any 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 (61 FR 1209).