

# Application for Employment

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, gender identity or expression, transgendered status, pregnancy or pregnancy related condition, marital status, genetic information or results of genetic testing, national origin or ancestry, age, and present or past history of mental disability, mental retardation, learning or physical disability (including but not limited to blindness), military or veteran status, or being a member of the Reserves or National Guard. 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.

(PLEASE PRINT)

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

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

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency

On-Line  Company Web Site  Other \_\_\_\_\_

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

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

Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation?  Yes  No

May we contact your present employer?  Yes  No

(Proof of authorization to work and of your identity will be required upon employment)

Are you available to work  Full Time  Part Time  Shift Work  Temporary  Over Time

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Rathbone Precision Metals, Inc.  
1241 Park Street  
Palmer, MA 01069  
P: 413-283-8961  
F: 413-283-9722

**COMPLETE THIS SECTION ONLY IF CHECKED**

Indicate what languages (including English) you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
Speak			
Read			
Write			

**REFERENCES**

Give name, address and telephone number of three references who are not related to you. (previous employers preferred)

NAME	ADDRESS	PHONE NUMBER

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

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# Employment Experience

Start with your present or last job. You may elect to include military service assignments. Provide any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, gender identity or expression, transgendered status, marital status, genetic information, national origin, age, and disability, military or veteran status, or being a member of the Reserves or National Guard.

Employer	Phone	Work Performed
Address	FAX	
City, State, Zip	Email	
Job Title	Dates Employed	
Supervisor	Start Date	End Date
Reason for Leaving		
Employer	Phone	Work Performed
Address	FAX	
City, State, Zip	Email	
Job Title	Dates Employed	
Supervisor	Start Date	End Date
Reason for Leaving		
Employer	Phone	Work Performed
Address	FAX	
City, State, Zip	Email	
Job Title	Dates Employed	
Supervisor	Start Date	End Date
Reason for Leaving		
Employer	Phone:	Work Performed
Address	FAX:	
City, State, Zip	Email:	
Job Title	Dates Employed:	
Supervisor	Start Date	End Date
Reason for Leaving		

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

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**Education**

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed (please Circle)	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:				

Honors Received:

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**Required notice for Massachusetts employers making criminal inquiries at any point during the application process:**

An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions.

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged on file with the Commissioner of Probation may answer “no record” to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

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It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

AGREEMENT: I certify that the information of on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

\_\_\_\_\_  
Signature of Applicant Date

**FOR HUMAN RESOURCE DEPARTMENT ONLY**

Arrange Interview  Yes  No

\_\_\_\_\_  
Interviewer Date

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

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

By \_\_\_\_\_  
Name and Title Date

# Applicant Data Record

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Applicants are considered for all positions, and employees are treated during employment without regard to race, creed, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, marital or veteran status, or being a member of the Reserves or National Guard.

As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246 and Executive Order 13672.

Solely to help us comply with government record keeping, reporting and other legal obligations as required under these and other laws and regulations, we ask that you please fill out this Applicant Data Record. This data is for analysis and affirmative action only. Submission of this information is voluntary. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

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(PLEASE PRINT)

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

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

Referral Sources:     Advertisement     Friend     Relative     Walk-In  
                           Employment Agency     Company Website     Other

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Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
          LAST                            FIRST                            MIDDLE

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

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## Affirmative Action Survey – Gender

If you wish to be identified, please sign below and complete the survey:

Signed: \_\_\_\_\_

Check one:             Male             Female

{Continued on Next Page}

## Affirmative Action Survey – Ethnicity/Race

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### ***Ethnicity:***

Are you Hispanic or Latino?

- No, I am **not Hispanic or Latino**.
- Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

***Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:***

What is your race? Select **ONE** of the following categorie(s):

- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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.
- Two or More Races** – All persons who identify with more than one of the above five races.

**{Continued on Next Page}**

## Affirmative Action Survey – Veteran

We are 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.

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 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.



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.

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.

It is our policy to provide equal employment and advancement opportunities to all qualified individuals in all aspects of employment including but not limited to hiring, training, promotion, compensation, and all other personnel actions without regard to Disabled Veterans, Recently Separated Veterans, Active Wartime or Campaign Badge Veterans, or Armed Forces Service Medal Veterans or any other status that is protected by law. To achieve this goal, we are dedicated to taking affirmative action on behalf of Disabled Veterans, Recently Separated Veterans, Active Wartime or Campaign Badge Veterans, or Armed Forces Service Medal Veterans in compliance with Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA). Employees and applicants are protected from coercion, intimidation, interference or discrimination for:

1. filing a complaint;
2. assisting or participating in an investigation, compliance review, hearing or any other activity related to the administration of Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), or any other Federal, state or local law requiring equal opportunity for disabled persons, special disabled veterans or veterans of the Vietnam era;
3. opposing any act or practice made unlawful by Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA) or its implementing regulations;
4. exercising any other right protected by Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA) or its implementing regulations.

Pursuant to this policy, a written affirmative action compliance program has been established which includes internal auditing and reporting systems to measure and evaluate the plan's effectiveness. This program is available for review upon request by any applicant or employee during regular business hours.

If you are an employee and a Disabled Veteran, Recently Separated Veteran, Active Wartime or Campaign Badge Veteran, or Armed Forces Service Medal Veteran that is covered by this program and would like to be considered under the affirmative action program, please tell us.

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FOR PERSONNEL DEPARTMENT USE ONLY

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Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_ Date \_\_\_\_\_

## 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
- 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 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  
Page 2 of 2

### 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>1</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.