



## Application for Employment

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

**Directions: Type or print in Blue or Black ink. Answer all questions which are applicable. Please do not state "See Resume".**

| <b>Personal Information</b> |               |   |             |
|-----------------------------|---------------|---|-------------|
| NAME (Last, First, MI)      |               | SOCIAL SECURITY NO. (only applies when hired) |             |
| PHYSICAL ADDRESS            | CITY          | STATE   | ZIP CODE    |
| MAILING ADDRESS             | CITY          | STATE   | ZIP CODE    |
| PHONE NO(S).                | EMAIL ADDRESS |   | REFERRED BY |

| <b>Employment Information</b>   |  |  |  |                |  |
|---|--|--|--|----------------|--|
| POSITION  |  | DATE YOU CAN START   |  | SALARY DESIRED |  |
| 1. HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO                         |  | 2. IF SO, WHEN?  |  |                |  |
| 3. ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  | 4. IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO                       |  |                |  |
| 5. IF HIRED, CAN YOU SHOW PROOF OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO |  | 6. HAVE YOU EVEN BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                |  |
| IF YOU ANSWERED YES TO QUESTION 6, PLEASE EXPLAIN:  |  |  |  |                |  |
|   |  |  |  |                |  |

| <b>Education History</b>                 |                           |                |                   |                       |
|--|---------------------------|----------------|-------------------|-----------------------|
|  | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | MAJOR FIELDS OF STUDY |
| HIGH SCHOOL                              |                           |                |                   |                       |
| COLLEGE                                  |                           |                |                   |                       |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                           |                |                   |                       |

| <b>General Information</b>  |      |
|---|------|
| SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS. |      |
|   |      |
|   |      |
| U.S. MILITARY OR NAVAL SERVICE  | RANK |

| <b>Employment History (List the last four employers, starting with the last one first)</b> |                              |          |                    |
|--|------------------------------|----------|--------------------|
| DATE MONTH AND YEAR  | NAME AND ADDRESS OF EMPLOYER | POSITION | REASON FOR LEAVING |
| FROM   |                              |          |                    |
| TO   |                              |          |                    |
| FROM   |                              |          |                    |
| TO   |                              |          |                    |
| FROM   |                              |          |                    |
| TO   |                              |          |                    |
| FROM   |                              |          |                    |
| TO   |                              |          |                    |

**References** (List the names & information of three persons NOT related to you, whom you have known at least one year)

| NAME & ADDRESS | PHONE NUMBER(S) | RELATIONSHIP | YEARS KNOWN |
|----------------|-----------------|--------------|-------------|
|                |                 |              |             |
|                |                 |              |             |
|                |                 |              |             |

**Emergency Contact**

In case of an emergency, please notify: \_\_\_\_\_  
 Name / Relationship Phone No(s).  
 Authorization to transport you to \_\_\_\_\_,  
 Clinic / Hospital Tel. No.

Do you have a valid driver's license? Driver's License No: \_\_\_\_\_  
 YES  NO Expiration Date: \_\_\_\_\_

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

**California Pacific Technical Services, LLC. is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or protected Veteran status.**

**For Office Use Only:**

Remarks: \_\_\_\_\_

|           |           |           |              |              |
|-----------|-----------|-----------|--------------|--------------|
| Neatness: |           | Ability:  |              |              |
| Hired:    | For Dept. | Position: | Will Report: | Salary Wages |

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past  
No, I do not have a disability and have not had one in the past  
I do not want to answer

**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.

### For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

## Invitation to Self-Identify – Pre Offer

1. CalPac 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.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

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Print Name & Signature

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Date