

EMPLOYMENT APPLICATION

FOR WESTERN PRODUCTS & AFFILIATED COMPANIES



An Equal Opportunity Employer.

Qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, sexual orientation, gender identity, disability, age or veteran status.

(PLEASE PRINT)

EMPLOYMENT DESIRED

Position Applied For _____ Date of Application _____

How did you learn about us? Advertisement Employment Agency Other _____ Referred by _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____

Home Phone # _____ Cell Phone # _____

When is the best time to contact you _____ am/pm

If you are under 18 years of age, can you provide proof of eligibility to work? Yes No

Can you provide proof, if hired, that you are legally eligible to work in the United States? Yes No

Have you ever been employed with us before? Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, who _____

May we do a credit reference check? Yes No

Can you provide proof of eligibility to drive a motor vehicle if a job requires it? Yes No

Can you travel if a job requires it? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

When would you be available to begin work? _____

EDUCATION

| School | Name and Address of School | Course of Study | # of Years Attended | Diploma or Degree |
|-----------------------|----------------------------|-----------------|---------------------|-------------------|
| High School | | | | |
| College or University | | | | |
| Business or Technical | | | | |
| Other (Specify) | | | | |

EMPLOYMENT HISTORY

Present or Most Recent Employer

Employer _____ Phone # _____
Address _____ City _____ State _____ Zip Code _____
Dates of Employment _____ to _____ Supervisor _____ Title _____
Position Title _____ Duties/Skills _____
Starting Salary \$ _____ per _____ Present/Final Salary \$ _____ per _____
Bonus, Incentives, Benefits, etc. _____
Reason for Leaving _____

Previous Employer

Employer _____ Phone # _____
Address _____ City _____ State _____ Zip Code _____
Dates of Employment _____ to _____ Supervisor _____ Title _____
Position Title _____ Duties/Skills _____
Starting Salary \$ _____ per _____ Final Salary \$ _____ per _____
Bonus, Incentives, Benefits, etc. _____
Reason for Leaving _____

Previous Employer

Employer _____ Phone # _____
Address _____ City _____ State _____ Zip Code _____
Dates of Employment _____ to _____ Supervisor _____ Title _____
Position Title _____ Duties/Skills _____
Starting Salary \$ _____ per _____ Final Salary \$ _____ per _____
Bonus, Incentives, Benefits, etc. _____
Reason for Leaving _____

PERSONAL REFERENCES

List two personal references who are not relatives or former employers.

| Name | Occupation | Address | Phone # | Years Known |
|------|------------|---------|---------|-------------|
| | | | | |
| | | | | |

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

OFFICE USE ONLY

Employed: No Yes, Job Title _____ Company _____
Date of Employment _____ Compensation \$ _____ per _____

EEO/AA

Pre-Offer Voluntary Self-Identification Information

Western Products Inc. is an EEO/Affirmative Action Employer

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Vietnam Era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of protected veterans.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for _____

Date _____

REFERRAL SOURCE

- | | | |
|--|--|--|
| <input type="checkbox"/> State Workforce Agency | <input type="checkbox"/> Company Website | <input type="checkbox"/> Employment agency _____ |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Online | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee Referral _____ | | <input type="checkbox"/> Other _____ |

APPLICANT INFORMATION

Name:

_____ Last

_____ First

_____ Middle

Address:

_____ Street

_____ City

_____ State

_____ ZIP

Home Phone: _____

Business phone/Cell phone: _____

ETHNICITY/RACE CATEGORIES

ETHNICITY/RACE: (identify **one or more** race categories)(definitions on the back)

- Hispanic or Latino or identify a race listed below

| | | |
|---|--|---|
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaii or Other Pacific Islander (not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) | <input type="checkbox"/> Two or more races (not Hispanic or Latino) |

- Do not wish to identify

GENDER CATEGORIES

- Male Female Do Not Wish to Identify

PROTECTED VETERAN CATEGORIES

- Protected Veteran Not a Protected Veteran Do Not Wish to Identify

DEFINITIONS

ETHNICITY/RACE CATEGORY DESCRIPTIONS:

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

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person have 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 Alaskan Native (not Hispanic or Latino) includes 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.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) 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 Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes 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.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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.¹ 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 1/31/2020
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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.

ⁱ 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.

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.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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IF YOU HAVE THE RIGHT TO WORK



Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

Contact IER

For assistance in your own language
Phone: 1-800-255-7688
TTY: 1-800-237-2515

Email us
IER@usdoj.gov

Or write to
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).



— DEPARTMENT OF JUSTICE —
IMMIGRANT & EMPLOYEE RIGHTS SECTION
— CIVIL RIGHTS DIVISION —

Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division

www.justice.gov/ier