



# APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_

Date \_\_\_\_\_

*An  
Equal  
Opportunity  
Employer*

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, sexual orientation, gender identity, genetic information, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

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## PERSONAL INFORMATION

Name (Print) \_\_\_\_\_ Home or Nearest Phone \_\_\_\_\_  
 Present Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 \_\_\_\_\_ email address \_\_\_\_\_  
 \_\_\_\_\_ (City) (State) (Zip)  
 Contact in Case of Emergency \_\_\_\_\_  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Telephone Number)

If at present address less than one year, please give previous address \_\_\_\_\_  
 Are you at least 18 years of age?  Yes  No (Employment is subject to verification of minimum legal age.)  
 Can you produce documented proof of your identity and eligibility for employment in the United States?  Yes  No  
 (Examples: driver's license, Social Security card, birth certificate, and / or immigration documents)

Position(s) applied for \_\_\_\_\_ How soon could you report to work? \_\_\_\_\_  
 Type of employment desired  Full-Time  Part-Time  Temporary Rate of pay expected \_\_\_\_\_  
 What days and hours, if part-time? Days \_\_\_\_\_ Hours \_\_\_\_\_  
 From ( ) AM to ( ) PM

## EDUCATION

Type of School	Name and Address of School	Courses Majored In	Check Last Year Completed	Graduate? Show Degree
Elementary/Middle			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Post Graduate				

Have you applied for a job with us before?  Yes  No Have you ever worked for us before?  Yes  No  
 How did you come to apply?  Employee Referral  Former Employee  Newspaper Ad  High School Recruitment  
 College Recruitment  Walk-In  Other \_\_\_\_\_  
 Have you ever been bonded?  Yes  No Have you ever been refused a bond  Yes  No  
 If yes, state reason and date \_\_\_\_\_  
 Have you ever been convicted of a violation of the law except a minor traffic violation?  Yes  No If yes, state date, court, and place  
 where offense occurred \_\_\_\_\_  
 (A conviction will not necessarily disqualify you from employment)  
 Have you ever been discharged or requested to resign from a position?  Yes  No  
 Are you employed now?  Yes  No If yes, may we contact your present employer?  Yes  No  
 Have you ever held a position of trust (handling money or confidential material)?  Yes  No  
 If yes, describe \_\_\_\_\_  
 Do you have any reason to believe that you would have difficulty meeting this company's work schedules?  Yes  No

**PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)**

1. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application. \_\_\_\_\_

\_\_\_\_\_

**REFERENCES  
(Do not list relatives or former employers)**

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

**Job Applicant's Agreement and Certification**

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."

"If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures."

"I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time."

"I understand that this application will be kept on active file for \_\_\_\_\_ days from the date completed, after which time I would have to reapply in accordance with established company procedures."

\_\_\_\_\_ (Signature of Applicant) \_\_\_\_\_ (Date)



**AFFIRMATIVE ACTION SURVEY QUESTIONNAIRE**

**Invitation To Self-Identify Race and Gender**

The information requested on this form is required by various state and federal agencies. As an employer, we are required to keep these records on file for a period of three years. To assist us in complying with the various requirements, we ask that you complete and return this questionnaire when you submit your application. **Submission of the requested information is completely voluntary, however, and will have no bearing on your employment opportunities at The National Conference Center.**

The document will be maintained in a separate location unrelated to your application. We thank you in advance for your cooperation and response.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position(s) applied for:** \_\_\_\_\_

**I IDENTIFY MYSELF AS:**  
*(Please Check One from Each Category)*

■ **Sex:**

Male

Female

■ **Race and/or National Origin:**

White  *(Those individuals who originate from Europe, the Middle East, or North Africa) (Not Hispanic or Latino)*

Native Hawaiian or Pacific Islander  *(Those individuals who originate from Hawaii, Guam, Samoa and other Pacific Islands) (Not Hispanic or Latino)*

Black or African American  *(Those individuals who originate from any black racial groups in Africa) (Not Hispanic or Latino)*

American Indian or Alaska Native  *(Include individuals having origins in any of the original peoples of North and South America –including Central America)(Not Hispanic or Latino)*

Hispanic  *(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)*

Asian  *(Those individuals who originate from the Far East, Southeast Asia, or the Indian Subcontinent such as Japan, Cambodia, china, India, Korea, Pakistan, Thailand, Malaysia, and Vietnam) (Not Hispanic or Latino)*

Two or More Races  *(All persons who identify with more than one of the above five races)*

■ At this time, I prefer not to volunteer information about my gender or race.

**INVITATION  
TO SELF-IDENTIFY AS A PROTECTED VETERAN**

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

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.

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

I AM NOT A PROTECTED VETERAN

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.

5. It is the policy of NCC EE, LLC that equal employment opportunity be provided in the employment and advancement for all persons regardless of race, religion, color, national origin, sex, age, status as a protected veteran or individual with a disability at all levels of employment, including the executive level. NCC EE, LLC does not and will not discriminate against any applicant or employee regardless of race, religion, color, national origin, sex, age, status as a protected veteran and/or individual with a disability to any position for which the applicant or employee is qualified. In addition, NCC EE, LLC is committed to a policy of taking affirmative action to employ and advance in employment qualified protected veteran employees. Such affirmative action applies to all employment practices, including, but not limited to hiring, upgrading, demotion or transfer, recruitment, recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship and on-the-job training.

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APPLICANT SIGNATURE

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

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

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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: \_\_\_\_\_