



## Application for Employment

**PERSONAL INFORMATION – Complete ALL applicable information on all pages of this application.**

Position Applied For:		Date of Application:	Desired Salary:	
Name (Last, First, MI):		Email Address:		
Street Address:		City:	State:	Zip Code:
Home Phone	Cell Phone	Have you previously been employed by the Company?? <input type="checkbox"/> No <input type="checkbox"/> Yes When?		
What type of position are you looking for? <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Are you legally authorized to work in the United States? <input type="checkbox"/> No* <input type="checkbox"/> Yes *Explain		Date Available to Start Work?
Where did you hear about us?	Will you need reasonable accommodation during the application process or if hired, to perform the job?			

**EMPLOYMENT HISTORY (List below your last three employers, starting with the most recent first)**

Present or last position	Company	Employment Dates: From: To:		Salary:
Company Address	City	State	Zip	
Duties		Reason for Leaving		
Name of Supervisor	Title	Phone Number	May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Previous Position	Company	Employment Dates: From: To:		Salary:
Company Address	City	State	Zip	
Duties		Reason for Leaving		
Name of Supervisor	Title	Phone Number	May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Previous Position	Company	Employment Dates: From: To:		Salary:
Company Address	City	State	Zip	
Duties		Reason for Leaving		
Name of Supervisor	Title	Phone Number	May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	

**EDUCATION INFORMATION**

High School/GED	City	State	Did you graduate?	Subjects Studied	
College	City	State	Degree	Major	GPA
Graduate School	City	State	Degree	Major	GPA
Other	City	State	Degree	Major	GPA

**GENERAL INFORMATION**

**Training/Qualifications** (summarize any training, skills, licenses, certifications that may qualify you to perform job-related functions; list heavy equipment you are trained to operate)

Check all that apply: CDL A \_\_\_ CDL B \_\_\_ OSHA 10 \_\_\_ OSHA 30 \_\_\_ HAZWOPER 40 \_\_\_ First Aid/CPR/AED \_\_\_

**TECHNICAL SKILLS** (Describe any software programs in which you are proficient)

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**REFERENCES** Please provide supervisory references

Name	Address	City	State	Phone	Yrs. Known
How do you know this person?					
Name	Address	City	State	Phone	Yrs. Known
How do you know this person?					
Name	Address	City	State	Phone	Yrs. Known
How do you know this person?					

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING**

- Mohawk Valley Materials, Inc. (Mohawk) is an equal opportunity/affirmative action employer. Mohawk prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.
- In consideration of my employment, I agree to conform to the policies and procedures of the Company. I understand that in accepting this application, the Company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed "at will" and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, my employment may be terminated.
- I also understand that any offer of employment is conditioned on the completion of pre-employment testing, background checks and any other documentation required by federal or state laws. I will, upon request, sign all necessary consent forms for pre-employment documentation.

Signature	Date
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## Affirmative Action Program Self Identification Information

Mohawk Valley Materials is an Equal Opportunity Employer. As required by law, we must record certain information to be included in our Affirmative Action Program. As Mohawk may be required to complete an Affirmative Action Plan each year showing the diversity of the company's hiring practice, we are requesting that all applicants participate in the Affirmative Action Program by reporting their status as a minority, disabled, disabled veteran or other protected veteran, as defined below. The Equal Employment Opportunity Commission has established ethnicity options for individuals to better identify what ethnicity best fits each individual. 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. Our company values diversity.

When completed return this form to Human Resources at [hr@mohawkvalleymaterials.com](mailto:hr@mohawkvalleymaterials.com).

### Section 1: Please complete with your information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Male  Female  
Signature: \_\_\_\_\_  I choose not to self- identify

### Section 2: Please check all that apply

Race or Ethnic Identity	Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Disabled Veterans
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)	<input type="checkbox"/> Armed Forces service medal Veterans
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> Active-Duty Wartime or Campaign Badge Veterans
<input type="checkbox"/> Asian (not Hispanic or Latino)	<input type="checkbox"/> I am not a protected veteran
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)	<input type="checkbox"/> I choose not to self- identify
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)	
<input type="checkbox"/> I choose not to self- identify	

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

<b>EEOC Race/Ethnic Identification Categories</b>	
<b>Hispanic or Latino</b>	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<b>Non Hispanic or Latino Ethnicities</b>	
<b>White</b>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<b>Black or African American</b>	A person having origins in any of the black racial groups of Africa.
<b>Native Hawaiian or Other Pacific Islander</b>	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<b>Asian</b>	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.
<b>American Indian or Alaska Native</b>	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
<b>Two or More Races</b>	All persons who identify with more than one of the above five races.
<b>Veteran Identification Categories</b>	
<b>Disabled Veteran</b>	Defined as (1) 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 (2) A person who was discharged or released from active duty because of a service connected disability.
<b>Recently Separated Veteran</b>	Defined as 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
<b>Active-Duty Wartime or Campaign Badge Veterans</b>	Defined as 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
<b>Armed Forces special medal veteran</b>	Defined as 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.

## Voluntary Self-Identification of Disability

Form CC-305  
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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: \_\_\_\_\_