

# Application for Employment

**Chestnut Ridge Foam, Inc.**

**P.O. BOX 781**

**Latrobe, PA 15650**

**724-537-9000**

Official Use Only:

Tested \_\_\_\_\_ Hire Date \_\_\_\_\_

Interviewed \_\_\_\_\_ Clock No. \_\_\_\_\_

Physical (A) \_\_\_\_\_

Physical (B) \_\_\_\_\_

This organization is an equal opportunity employer. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, age, sex, sexual orientation, gender identity, national origin, handicap or disability or veteran status.

THIS APPLICATION IS VOID AFTER A PERIOD OF 120 DAYS. If you have not been hired within that period of time and are still interested in being considered for employment, you must reapply.

IF YOU DO NOT ANSWER EVERY QUESTION OF THIS FORM, YOUR APPLICATION  
Please Print WILL NOT BE PROCESSED. Please Use Ink

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Position applied for: \_\_\_\_\_

Do you desire to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Specify days and hours you are available to work: \_\_\_\_\_

Have you submitted an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you previously employed by this company? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list dates \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work?  
\_\_\_\_\_

If employed, what is the desired salary range or hourly rate of pay you would require? \$ \_\_\_\_\_

Are there other experiences, skills or qualifications possessed by you which you would like this organization to consider in evaluating your application for employment? \_\_\_\_\_  
\_\_\_\_\_

**Military Service Record**

List Duties in the service including special training \_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? \_\_\_\_\_

If yes, what training do you take? \_\_\_\_\_

**Record of Education**

| School                                     | Name & Address of School | Course of Study | Check Last Year Completed | Completed   |
|--|--------------------------|-----------------|---------------------------|---|
| <b>High School</b>                         |                          |                 | 1 2 3 4                   | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree <input type="checkbox"/> Certificate<br><input type="checkbox"/> Other _____ |
| <b>Business or Trade School</b>            |                          |                 | 1 2 3 4                   | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree <input type="checkbox"/> Certificate<br><input type="checkbox"/> Other _____ |
| <b>College/ University</b>                 |                          |                 | 1 2 3 4                   | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree <input type="checkbox"/> Certificate<br><input type="checkbox"/> Other _____ |
| <b>Other Training or Degrees (Specify)</b> |                          |                 |                           | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree <input type="checkbox"/> Certificate<br><input type="checkbox"/> Other _____ |

Were you registered at any of these schools under a different name than that given on the first page of this application? \_\_\_\_\_ If so, please list that name \_\_\_\_\_

Are you planning to pursue further studies? \_\_\_\_\_

If so, when, where and what courses? \_\_\_\_\_

## Employment History

Starting with **PRESENT** or **MOST RECENT**, list all previous employers. Include self-employment, summer, part-time and temporary jobs.

### PRESENT OR MOST RECENT EMPLOYER

Name of Employer: \_\_\_\_\_ Telephone #: (     ) \_\_\_\_\_

Address: \_\_\_\_\_  
                        Street                                      City                                      State                                      Zip Code

Employment Dates (Month & Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

May we contact for reference?

Yes     No     Later

Compensation: *Starting*  Hourly  Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
*Final*  Hourly  Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Reason for Desiring Change or Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

### NEXT PREVIOUS EMPLOYER

Name of Employer: \_\_\_\_\_ Telephone #: (     ) \_\_\_\_\_

Address: \_\_\_\_\_  
                        Street                                      City                                      State                                      Zip Code

Employment Dates (Month & Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

May we contact for reference?

Yes     No     Later

Compensation: *Starting*  Hourly  Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
*Final*  Hourly  Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Reason for Desiring Change or Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**

Name of Employer: \_\_\_\_\_ Telephone #: (    ) \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                                  City                                  State                                  Zip Code

Employment Dates (Month & Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

May we contact for  
reference?

         
Yes    No    Later

Compensation: *Starting*  Hourly  Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
*Final*  Hourly  Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Reason for Desiring Change or Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**

Name of Employer: \_\_\_\_\_ Telephone #: (    ) \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                                  City                                  State                                  Zip Code

Employment Dates (Month & Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

May we contact for  
reference?

         
Yes    No    Later

Compensation: *Starting*  Hourly  Salary \$ \_\_\_\_\_ Per \_\_\_\_\_  
*Final*  Hourly  Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Reason for Desiring Change or Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

**References:**

List below the names of three persons other than relatives or former employers whom you have known for three years or more.

| <b>REFERENCE #1</b> |            |            |                  |
|---------------------|------------|------------|------------------|
| Name & Address      | Telephone# | Occupation | Years Acquainted |
|                     |            |            |                  |

  

| <b>REFERENCE #2</b> |            |            |                  |
|---------------------|------------|------------|------------------|
| Name & Address      | Telephone# | Occupation | Years Acquainted |
|                     |            |            |                  |

  

| <b>REFERENCE #3</b> |            |            |                  |
|---------------------|------------|------------|------------------|
| Name & Address      | Telephone# | Occupation | Years Acquainted |
|                     |            |            |                  |

## CERTIFICATIONS AND ACKNOWLEDGMENTS

*Please read each statement closely and initial each on the line next to the title, acknowledging your understanding. If clarification is needed, please contact Human Resources.*

\_\_\_\_\_ **Equal Employment Opportunity Statement**

This Company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age, sex, sexual orientation, gender identity, veteran status or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

\_\_\_\_\_ **Discrimination and Sexual Harassment Policy Statement and Acknowledgment**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

\_\_\_\_\_ **Disclosure to Applicants Concerning Drug/Alcohol Testing**

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

\_\_\_\_\_ **Post-Hire, Pre-employment Testing**

If offered a position with the Company, I understand that I may be asked to undergo legally permitted physical, psychological, skill, or medical tests as a condition of employment.

\_\_\_\_\_ **Background Investigation**

I acknowledge that if I am offered employment with the Company, a job offer may also be contingent upon a background investigation which may include interviews with past employers, workers and friends. Said investigation may also include credit, driving, criminal background, references and other background checks.

**At-Will Employment**

I understand and agree that if I become employed by the Company, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. This policy does not create a contract between the Company and any person employed by the Company.

**Company Obligation**

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

**Complete and Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## INVITATION TO SELF-IDENTIFY

Chestnut Ridge Foam is a government contractor subject to affirmative action requirements. As required by law, we must record certain information to be made part of our Affirmative Action Program. You are under no obligation to complete this form. Any information you provide is strictly voluntary. A refusal to provide the requested information will not subject you to any adverse treatment. Your responses will remain confidential with the Human Resource Department and will be used solely in connection with our Affirmative Action Program.

**Non-Participation:** *I have read the above statement and I have chosen not to complete this form. (Please check box if applicable.)*  Signature \_\_\_\_\_

**GENDER:**  Male  Female

**ETHNICITY AND RACE:** *Check the box next to the race that best describes you.*

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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.
- American Indian or Alaska Native** – 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.
- Two or More Races** – All persons who identify with more than one of the above five races.

|                                      |                      |  |                  |
|--------------------------------------|----------------------|--|------------------|
| <b>Name (Please Print)</b>           | <b>Date</b>          |  |                  |
|                                      | ____ / ____ / ____   |  |                  |
| <b>Position Applied for:</b>         |                      |  |                  |
|                                      |                      |  |                  |
| <b>For Human Resources Use Only:</b> | <b>Requisition #</b> |  | <b>Job Group</b> |
|                                      |                      |  |                  |



## Voluntary Self-Identification of Veteran Status

Page 1 of 2

Chestnut Ridge Foam is an 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 Chestnut Ridge Foam 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:

**Recently Separated Veteran** means any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.

**Disabled Veteran** means (i) 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 (ii) a person who was discharged or released from active duty because of a service connected disability.

**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 (61 FR 1209).

**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 war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

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 that you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below in Section 2. 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.

Submission of this information to Chestnut Ridge Foam 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 VEVRAA.

In addition, the information that 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.

Chestnut Ridge Foam will maintain a separate file on persons who have self-identified.

Chestnut Ridge Foam’s full Affirmative Action Program for Disabled Workers, Disabled Veterans, Recently Separated Veterans, Active Duty Wartime or Campaign Badge Veterans and Armed Forces Service Medal Veterans, absent the data metrics required by 41 CFR § 60-300.44(k) and 41 CFR § 60-741.44(k), is available upon request. Information about how the AAP can be obtained and reviewed is posted/provided for applicants.

**Section 1: General Information**

|                              |                |
|------------------------------|----------------|
|                              |                |
| <b>Name (Please Print)</b>   | <b>Date</b>    |
|                              | ____/____/____ |
| <b>Position Applied for:</b> |                |
|                              |                |

**Section 2: Please check all that apply (See above for definitions)**

- I identify as one or more of the classifications of protected veteran listed above.
- I am not a protected veteran.
- I do not wish to self-identify.

**Signature** \_\_\_\_\_

| <i>For Human Resources Use Only:</i> | <i>Requisition #</i> | <i>Job Group</i> |
|--------------------------------------|----------------------|------------------|
|                                      |                      |                  |

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 11 of 12

### 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
- 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  
Page 2 of 12

### 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>i</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.