



# Employment Application

400 Main St.  
Arcade, NY 14009  
(585) 492-1700

## (Complete Front & Back)

Name: (Last)	(First)	(Middle)	
Address: (Street)		(City)	(State) (Zip Code)
Phone Number: (List Area Code): ( )		Email Address:	
Position Applied For:		Wage Desired:	Date Available:
Indicate Shift(s) You Would Work:		Weekend Shift: (Thurs., Fri., Sat., Sun.)	
<input type="checkbox"/> 1 <sup>st</sup> : 7:00am to 3:30pm <input type="checkbox"/> 2 <sup>nd</sup> : 3:30pm to Midnight		<input type="checkbox"/> 1 <sup>st</sup> : 5:30am to 3:30pm <input type="checkbox"/> 2 <sup>nd</sup> : 3:30pm to 2:00am	

NOTE: OVERTIME MAY BE REQUIRED OF ANY SHIFT.

### Education:

Years Attended	School	Name And Location	Graduate Yes or No	Major Subjects	Degree
	High				
	College				
	Graduate				
	Other (Business / Trade)				

What Business/Manufacturing/Test/Engineering or Other Machines or Equipment Can You Operate?

### Extracurricular Activities:

Professional Societies of Which You Have Been A Member And Offices Held:

Have you ever been convicted of a felony?

Yes or No

Have you ever been employed by the Federal Government? Yes No

### United States Military Service:

Entry Date	Discharge Date	Branch	Last Rank	Major Duties

Do Not Write Below This Line – For Office Use Only


Start Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Shift: \_\_\_\_\_ Dept.: \_\_\_\_\_

Equal Opportunity / Affirmative Action Employer Minorities / Females / Vet / Disability  Rev Date: 9/10/24
---

Business Experience (List Most Recent Position First):

Dates Of Employment	Name & Address Of Employer	Position(s) Held	Start & Final Pay	Primary Reason for Leaving
From:			S:	
To:			F:	
Duties:				

Dates Of Employment	Name & Address Of Employer	Position(s) Held	Start & Final Pay	Primary Reason for Leaving
From:			S:	
To:			F:	
Duties:				

Dates Of Employment	Name & Address Of Employer	Position(s) Held	Start & Final Pay	Primary Reason for Leaving
From:			S:	
To:			F:	
Duties:				

Dates Of Employment	Name & Address Of Employer	Position(s) Held	Start & Final Pay	Primary Reason for Leaving
From:			S:	
To:			F:	
Duties:				

What Led You To Apply For A Position With This Company?

Have You Ever Worked For This Company?  Yes  No

Professional / Business References Who May Be Contacted:

Name	Address	Phone No.	Occupation
		( )	
		( )	
		( )	

*I understand that any omission or misrepresentation by me in this application may be cause for my rejection or dismissal. Any employment resulting from this application will be employment at will. ALL APPLICANTS FOR EMPLOYMENT WILL BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER PROTECTED CLASS.*

<b>I AUTHORIZE VERIFICATION OF:</b> <input type="checkbox"/> All information given <input type="checkbox"/> All information except present employer	<b>Signature of Applicant:</b> _____	<b>Date:</b> _____
---	--------------------------------------	--------------------

# Voluntary Affirmative Action Data

Form A: For government contractors with contracts of \$25,000 or more entered into before December 1, 2003

## PLEASE NOTE: Completion of this form is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/ National Guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Not providing it will not subject you to any negative personnel decision or action. Your cooperation is appreciated.

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

## Applicant Information

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Male  Female Position applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral source:

- Government employment agency  Private employment agency  Current employee  
 Walk-in  School  Relative  
 Other \_\_\_\_\_  Advertisement was seen in \_\_\_\_\_

Person who referred you, if applicable \_\_\_\_\_

### Please select one of the following Equal Employment Opportunity Identification Groups:

- Hispanic or Latino  White (not Hispanic or Latino)  Asian (not Hispanic or Latino)  
 Native Hawaiian/Other Pacific Islander (not Hispanic or Latino)  Black/African American (not Hispanic or Latino)  
 American Indian/Alaskan Native (not Hispanic or Latino)  Two or more races (not Hispanic or Latino)

### Veteran Status Information (for government contractors with contracts of \$25,000 or more entered into before December 1, 2003)

Our company is a government contractor subject to the amended Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), which requires government contractors to take affirmative action to employ and advance special disabled veterans, Veterans of the Vietnam era, recently separated veterans and other protected veterans. If you belong to any of these groups, we would like to include you under our affirmative action program. If you want to be included, please tell us. **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 consistent with the amended VEVRAA. This information 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, 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 (OFCCP), or the Americans with Disabilities Act, may be informed.

### Please check all boxes that apply to you:

- I am a veteran of the Vietnam era.** A person who: (a) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in: (i) the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; OR (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).
- I am a recently separated veteran.** Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- I am an other protected veteran.** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.
- I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans.** (Note that you may make this request at this time and/or any time in the future.)
- None of the above apply to me.**

**Special Disabled Veterans (APPLICANT: Only complete this section if the company has checked "Yes" below.) EMPLOYER:** Indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting special disabled veterans.

**Yes.** We invite applicants to provide information (on a voluntary basis) regarding their status as a "special disabled veteran" for inclusion in our affirmative action program. Check this box ONLY if your company is actually undertaking affirmative action for special disabled veterans at the *application* stage (pre-offer) or is otherwise authorized to collect such data to comply with federal, state or local affirmative action obligations pertaining to special disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

**APPLICANT:**

If our company has checked "Yes" above, you are invited to provide additional information regarding your status as a "special disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "special disabled veteran" as:

- a) a veteran 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 Department of Veterans Affairs for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a special disabled veteran, please indicate whether you would like to be included under our company's affirmative action program for special disabled veterans. You may elect to be included now or at any time in the future.

**Yes.** I would like to be included under the company's affirmative action program for special disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)

**No.** At this time, I would not like to be included in the company's affirmative action program for special disabled veterans.

If you are a special disabled veteran, please tell us about any special methods, skills and procedures that qualify you for positions you otherwise might not be able to do because of your disability so you will be considered for any such positions.

\_\_\_\_\_  
\_\_\_\_\_

Applicant's signature: \_\_\_\_\_

**For Administrative Use**

Position(s) applied for \_\_\_\_\_  Current opening  No current opening

Other position(s) considered for \_\_\_\_\_

Hired?  No  Yes Hire date \_\_\_\_/\_\_\_\_/\_\_\_\_ Position hired for \_\_\_\_\_

**Position classification**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Executive/senior-level officials and managers | <input type="checkbox"/> Administrative support workers | <input type="checkbox"/> Sales workers        |
| <input type="checkbox"/> First/mid-level officials and managers        | <input type="checkbox"/> Professionals                  | <input type="checkbox"/> Service workers      |
|  | <input type="checkbox"/> Operatives                     | <input type="checkbox"/> Technicians          |
|  | <input type="checkbox"/> Craft workers                  | <input type="checkbox"/> Laborers and helpers |

Additional notes \_\_\_\_\_

Completed 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: \_\_\_\_\_  
(if applicable)

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

### 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: \_\_\_\_\_