



# Employment Application

ECVC  
2100 N. Greene Street  
Greenville, NC 27834  
252-758-4188

If you are a qualified individual with a disability or a disabled veteran and are unable or limited in your ability to complete this application, you may request a reasonable accommodation to express interest in a specific opening by calling 1-252-758-4188 or by stopping by our office.

Please Print

## Applicant Information

Position(s) applied for:		Date:
Full Name		
Last	First	M.I.
Address:		
Street Address		Apartment/Unit #
City	State	ZIP Code
Phone:	Email	

Date Available:	Desired Salary:\$
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Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you authorized to work in the U.S. without employer sponsorship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
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Answering "yes" to either part of the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.

Have you ever been convicted of a crime (other than a minor traffic violation) that has not been expunged, sealed, pardoned, annulled, statutorily eradicated, or dismissed upon condition of probation? You are not required to include sealed or expunged records of conviction or arrest, including juvenile records.

YES  NO

If yes, explain:

\_\_\_\_\_

## Education

High School:	Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Diploma::

College:	Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Degree:

Other:	Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Degree:

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO  Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO  Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO  Phone: \_\_\_\_\_

### References

Please list three professional references.

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Email: _____	Number of Years Known: _____
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Email: _____	Number of Years Known: _____
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Email: _____	Number of Years Known: _____

### Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### 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  
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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.

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<sup>1</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.





## Voluntary Self-Identification Form for Applicants

Name:

Date:

Page 1 of 2

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

ECVC is an equal opportunity/affirmative action employer. Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, disability, veteran, sexual orientation, gender identity, or other protected status. In addition, because ECVC is a Federal contractor, we are required to take affirmative action to employ and advance in employment qualified minorities, women, covered veterans, and persons with disabilities. By law, we are required to track and report certain information on applicants in order to measure the effectiveness of our outreach and recruitment efforts. In order to comply, we are asking you to complete this self-identification form. Completion of the form is voluntary. The information you provide will be kept confidential and separate from your application. If you choose not to provide the requested information, it will not be held against you in any way.

### Race and Ethnic Identification (check one)

**Hispanic or Latino**

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

**White (Not Hispanic or Latino)**

*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

**Black or African American (Not Hispanic or Latino)**

*A person having origins in any of the black racial groups of Africa.*

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

*A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

**Asian (Not Hispanic or Latino)**

*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 (Not Hispanic or Latino)**

*A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

**Two or More Races (Not Hispanic or Latino)**

*A person who identifies with more than one of the above five races.*

**I do not wish to provide this information.**

Please continue on Page 2.



## Voluntary Self-Identification Form for Applicants

Name:

Date:

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### Gender (check one)

- Male       Female       I do not wish to provide this information.

### Protected Veteran Status (check one)

The classifications for protected veterans are:

**1. Disabled Veteran**

*A veteran of the U.S. military, ground, naval or air service who meets one of the following:*

- a. Is entitled to disability compensation from the VA (or who, but for the receipt of military retired pay, would be entitled to compensation); or*
- b. Was discharged or released from active duty because of a service-connected disability.*

**2. Recently Separated Veteran**

*Any veteran discharged or released from active duty in the U.S. military, ground, naval or air service within the last three years from today's date.*

**3. Active Duty Wartime or Campaign Badge Veteran**

*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.*

**4. Armed Forces Service Medal Veteran**

*A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded.*

- Yes, I am a protected veteran in one or more of the classifications listed above.
- No, I am not a protected veteran.
- I do not wish to provide this information.

Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA). In particular, if you were absent from employment in order to undertake military 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-USA-DOL.