

CENTER INDUSTRIES

2505 S. Custer Wichita KS 67217 316-942-8255

Application for Employment

As an equal opportunity employer, we will not unlawfully discriminate against any applicant because of race, sex, sexual orientation, gender identity, religion, color, national origin, ancestry, protected veteran status, age, disability, pregnancy, genetic information or any other factor protected by law. As such, we are an equal opportunity employer of minorities, women, protected veterans and person with disabilities.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
	(- -)
Referred by:	Advertisement Friend Relative
	State Agency (specify) _____
	Other (specify) _____

Last Name	First Name	Middle Name		
Street Address	Apt.	City	State	Zip Code
Telephone Number(s)	Social Security Number			
	(- -)			

Have you ever filed an application with us before? Yes No If yes, give date: _____

Have you ever been employed with us before? Yes No If yes, give date: _____

Do any of your relatives work here? Yes No If yes, state name and relationship: _____

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you legally eligible for employment in the USA? Yes No
(If hired, you are required to submit proof of your eligibility to work in the USA)

Are you over the age of eighteen? Yes No

Date available for work: ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full-Time Part-Time

Shift available to work: First Shift Second Shift Third Shift

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent.

Name and Address of Company And Type of Business	From		To		Starting Pay Rate	Ending Pay Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

Name and Address of Company And Type of Business	From		To		Starting Pay Rate	Ending Pay Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

Name and Address of Company And Type of Business	From		To		Starting Pay Rate	Ending Pay Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

Name and Address of Company And Type of Business	From		To		Starting Pay Rate	Ending Pay Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

Comments: Include explanation of any gaps in employment: _____

I hereby give Center Industries permission to contact the employers listed above concerning my prior work experience (with the exception of current employer unless noted on page 1). I release all parties from possible damages resulting from disclosing such information with or without prior written notice to me.

Signature

Date

EDUCATION HISTORY

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Other (specify)				

Describe any specialized training, apprenticeship, skills, job-related extra-curricular activities, or any other additional information you feel may be helpful to us in considering your application:

Describe any job-related training received in the United States military:

PERSONAL/PROFESSIONAL REFERENCES *(Do not include relatives or former employers)*

Name	Address	Phone Number	Occupation
1.			
2.			
3.			

Applicant's Statement

I certify that the information contained in my application is correct and complete to the best of my knowledge. I understand that any omission, misrepresentation or falsification of information made herein or in any interviews will result in the refusal to employ me or my dismissal if discovered after I am employed.

I authorize the references, schools and any employers I have listed to give the Companies any and all information concerning my previous employment and any information they may have, personal or otherwise, and I release all parties from all liability for any damages or claims that may result from furnishing information about me to the Companies.

If I am employed, I will abide by the rules, regulations and policies of the Companies.

I understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the Companies, in any way, if the Companies decide to employ me. I understand and agree that if employed, my employment is "at-will" and can be terminated by either the Companies or me, at any time, for any reason. It is further understood that no representative of the Companies, other than the Companies' President, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.

I agree that any action or suit against the Companies arising out of my employment or termination of employment, including but not limited to claims arising under state or federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

Signature of Applicant

Date

If someone assisted with the completion of this application, such as an interpreter, teacher, counselor, etc., please provide the following information:

Name: _____ Address: _____

Relationship to applicant: _____ Phone Number: _____

APPLICANT – Do Not Write Below This Line

SUMMARY OF INTERVIEW:

Accepted for employment: Yes No Position: _____ Shift: _____

Department: _____ Grade: _____

Starting Rate: \$ _____ per Hour Year (salary) Start Date: _____ / _____ / _____

Interviewed by: _____ Date: _____ / _____ / _____

Approved by: _____ Date: _____ / _____ / _____

**Applicant
Data Record**

Center Industries

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The employer is subject to certain governmental recordkeeping and reporting requirements for administration of civil rights laws and regulations including 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). To comply with these laws, the employer invites employees to voluntarily self-identify.

Providing this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential, except that (i) supervisors and managers maybe informed regarding restrictions on the work or duties of disabled individuals, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed for administration of emergency treatment; (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.

(Please Print)

Date _____

Position(s) Applied For _____

Name _____ Phone (_____) _____
Last First Middle Area Code

Address _____
Number Street City State Zip

SUBMISSION OF INFORMATION IS VOLUNTARY

Check one: Male Female

Check one of the following: *Not Hispanic or Latino:*

Race/Ethnic Group: White Black Two or more Races Native Hawaiian/Pacific Islander
Asian American Indian/Alaskan Native

Race/Ethnic Group: Hispanic or Latino

Pre-Offer Invitation to Self-Identify

Name: _____

Date: _____

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs or 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 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. This contractor and subcontractor shall abide by the requirements of 41 C.F.R 60-300.5(a). This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.

Signature: _____ Date: _____

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.

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: _____