



Please print and complete this job application.
Deliver to 801 Friendship Drive, Harrisonburg, VA 22802
Or email attachment to humanresources@friendship-industries.com

Personal Information

Date: _____

Name: _____ SSN: _____

Last First Middle

Present Address: _____

Street City State Zip

Permanent Address: _____

Street City State Zip

Phone No: _____ Are you 18 years of age or older? Yes No

Are you authorized to work in the United States? Yes No

If yes, is your right to work based solely on your possession of a student visa or a visa sponsored by a third party employer (a company other than Friendship Industries or Able Solutions)? Yes No

Employment Desired

If you indicate an interest in more than one position, you will be considered for the first position listed. If you want to apply for more than one position, you must complete an application for each position.

Position for which you are applying: _____

I am interested in (circle one): Full-time Part-time Shift I am available to work (circle one): 1st shift 2nd shift

Date you can start: _____ Salary Desired: _____

Are you employed now? Are you on layoff now? If yes, are you subject to recall?

Have you ever worked for Friendship Industries or Able Solutions? Yes No

How did you hear about our company? Agency Newspaper Relative/Friend Other
Who? _____

Education	Name and Location of School	No of Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

U.S Military or Naval Service: _____ Rank: _____ Still Active? _____

Present Membership in National Guard or Reserves: _____

Other Training/Experience/Certifications: _____

Employment History (list below your last three employers, starting with the most current first)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

References (Give the names of three persons not related to you, whom you have known at least one year)

Name	Phone Number	Business	Years Known

Record of Conviction

Have you ever been convicted of or pled guilty to a misdemeanor or felony crime that has not been expunged or otherwise removed from your record? Unless applying for a position as a truck driver, you do not need to disclose misdemeanor traffic offenses.

(A criminal conviction does not necessarily disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

(Please circle one) **Yes** **No**

If you answered "Yes" to the previous question, please describe the circumstances of your conviction(s) including the date(s), nature, and place(s) of each offense, and the sentencing disposition of the case. Please be accurate and complete.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of this company's review of this application, I release : f]YbXg\ Jd'-bXi glf]YgZ Able Solutions and all providers of information from any liability as a result of furnishing and receiving such information (this does not waive my right to file a charge, testify, assist or participate in an investigation, hearing or proceeding under Title VII, the Age Discrimination in Employment Act, the Equal Pay Act, or Americans with Disabilities Act.) In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

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: _____

AA/EEO VOLUNTARY SURVEY

Because we do business with the government, agencies require our company to provide reports on status of applicants. We must also reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, and to measure the accuracy of our employment information, we need your assistance in completing this questionnaire. The information requested on this survey is to be voluntarily provided and is for analysis and affirmative action only.

Information concerning race, sex, age, veteran's status, or disability will be kept private and will not be used against you in any way. This data will be kept separate from the application and will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

(Check One): Male _____ Female _____

Race/Ethnicity:

Are you Hispanic or Latino?

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

☐ Yes ☐ No

Please select one or more races that you identify with from the following:

☐ ***American Indian or Alaskan 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.

☐ ***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.

☐ ***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.

☐ ***White (not Hispanic or Latino)***

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

☐ ***Two or More Races (not Hispanic or Latino)***

All persons who identify with more than one of the above races.

Military Status:

Check all that apply (definitions are on back of this page)

- ☐ Not a Veteran
- ☐ Veteran
- ☐ Disabled Veteran
- ☐ Special Disabled Veteran
- ☐ Other Protected Veteran
- ☐ Newly/Recently Separated Veteran (3-year)
- ☐ Vietnam Era Veteran
- ☐ Armed Forces Service Medal Veteran

Applicant's Name (please print) _____

Signature _____

Date: _____

Veteran Definitions

You are considered a “disabled veteran” if you:

- are a veteran of the U.S. Military, ground, naval, or air service who is entitled to disability compensation under laws administered by the Veterans Administration; or
- were discharged or released from active duty because of a service-connected disability.

You are considered a “special disabled veteran” if you:

- served on active duty in the U.S. military ground, naval, or air service and (1) were discharged or released from active duty because of a service-connected disability, or (2) are entitled to compensation (or but for the receipt of military retired pay would be entitled to compensation) for certain disabilities under laws administered by the Department of Veterans Affairs (i.e., disabilities rated at 30 percent or more, or at 10 or 20 percent if you have been determined to have a serious employment handicap).

You are considered an “other protected veteran” if you:

- served on active duty during a war; or
- served on active duty during a campaign or expedition for which a campaign badge has been awarded. A list of military engagements included in this category may be found on the U.S. Office of Personnel Management website at www.opm.gov/veterans/html/vgmedal2.asp.

You are considered a “newly/recently separated veteran (3year):

- during the three-year period beginning on the date of your discharge or release from active duty in the U.S. Military, ground, naval, or air service.

You are considered a “Vietnam-era veteran” if you:

- served on active duty for a period of more than 1890 days, and were discharged with other than a dishonorable discharge, in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases; or
- were discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases.

You are considered an “Armed Forces service medal veteran” if:

- while serving on active duty in the U.S. military, ground, naval, or air service, you participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.