

EMPLOYMENT APPLICATION

Application for Employment An Equal Opportunity/Affirmative Action Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except for signature on back of Application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

NAME (Print) _____ TODAY'S DATE _____
Last First Initial

PRESENT ADDRESS _____ TEL. NO. _____
No. Street City State Zip Day Evening

Position applied for? _____ When are you available for employment? _____

Which type of employment are you seeking: Full-time _____ Part-time _____ Temporary or Summer _____

RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer				Address		Telephone		Type of Business	
Dates Employed		Rate of Pay		Reason for Leaving			Supervisor's Name and Title		
From	To	Starting	Ending						
Mo.	Yr.	Mo.	Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.									

May we contact your current employer? Yes No

2. Name of Next Previous Employer				Address		Telephone		Type of Business	
Dates Employed		Rate of Pay		Reason for Leaving			Supervisor's Name and Title		
From	To	Starting	Ending						
Mo.	Yr.	Mo.	Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.									

3. Name of Next Previous Employer				Address		Telephone		Type of Business	
Dates Employed		Rate of Pay		Reason for Leaving			Supervisor's Name and Title		
From	To	Starting	Ending						
Mo.	Yr.	Mo.	Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.									

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4. Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo.	Yr.	Mo.	Yr.		

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

Have you ever been convicted of a criminal offense? Yes ___ No ___ (A conviction will not necessarily disqualify an applicant.)

If yes, please explain: _____

Are you over 18 years of age? Yes ___ No ___

Are you authorized to work in the United States? Yes ___ No ___
(Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Job Only: Do you have a valid driver's license? Yes ___ No ___ License Number and State Issued: _____

EDUCATION (Circle last year completed)					SCHOOL NAME	MAJOR SUBJECTS
High School	1	2	3	4	_____	_____
College	1	2	3	4	_____	_____
Other job-related education					_____	

If you are an experienced operator of any business/plant machines or equipment, please list: _____ Other job related skills: _____

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract. I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Date Signature of Applicant

Date Signature of Witness

It is the policy of Blue Ribbon Linen to provide employment, training, compensation levels, transfer or promotion opportunities, and all other aspects of employment without regard to sex, race, color, religion, national origin, age, or for qualified disabled individuals, disabled veterans, or Vietnam era veterans.
When hiring or promotion activity occurs, and in those job categories where we have identified underutilization, we will take affirmative action to seek out qualified applicants without regard to sex, race, color, religion, national origin, age, disability or veteran status.
At Blue Ribbon Linen, all terms and conditions of employment are and will continue to be established on the basis of the individual's qualifications and ability to perform the job.
The Equal Employment Opportunity Officer of the Company is responsible for communicating and implementing this policy.

VOLUNTARY APPLICANT SURVEY

Applicants are considered for employment without regard to race, color, age, religion, sex, national origin, marital status, veteran's status, citizenship status, disability, genetic information or any other category protected by federal, state or local statute. As a government contractor, we are committed to compliance with applicable government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other requirements, we ask that you assist us by completing this Voluntary Applicant Survey. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File.

Position(s) Applied For: _____

Date _____ Name _____

Referral Source: Advertisement Employee Friend
 Employment Agency Other _____

Submission of this information is voluntary.

Check One: Male Female

Check One of The Following:

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

EE0-1 VOLUNTARY SURVEY

During employment employees are treated without regard to race, color, age, religion, sex, national origin, marital status, veteran's status, citizenship status, disability, genetic information or any other category protected by federal, state or local statute. As a government contractor, we are committed to compliance with applicable government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other requirements, we ask that you assist us by completing this Voluntary Survey. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File.

Name _____ Date _____
Last First Middle

EEO SURVEY

This data is for EE0-1 Reporting only. Submission of this information is voluntary.

Check One: Male Female

Check One of The Following:

- 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 maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

INVITATION TO SELF IDENTIFY

This employer is a 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 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.

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

I PREFER NOT TO SELF IDENTIFY

Date _____ Name _____

POST OFFER SELF IDENTIFY

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- 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.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- Disabled Veteran
- Recently Separated Veteran
- Active Wartime or Campaign Badge Veteran
- Armed Forces Service Medal Veteran
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. 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.

The information you submit will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (2) 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 (3) 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.

Date _____ Name _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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.¹ 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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