



APPLICATION FOR EMPLOYMENT

Kolberg-Pioneer, Inc.
An Equal Opportunity Employer
(HRF-002-03 07/2020)

This application is valid for the calendar year of 2020.

Kolberg-Pioneer, Inc. will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

Applicants are considered for only the position(s) for which they apply, and employees are treated during employment, without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, disability, genetic information, veteran's status, or any other prohibited basis of discrimination, as provided under applicable local, state, or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation.

PERSONAL INFORMATION

TODAY'S DATE:

NAME _____			
Last Name	First Name	Middle Initial	
ADDRESS _____			
Street	City	County	State Zip
PHONE NO.:		E-MAIL ADDRESS:	
LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT DESIRED

*POSITION(S) DESIRED:		SHIFT PREFERENCE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> ANY	
CHECK TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY			
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, MAY WE INQUIRE OF YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?			
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?			
IF YES, REASON FOR LEAVING KOLBERG-PIONEER:			
CHECK SOURCE OF REFERRAL:			
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT	<input type="checkbox"/> RELATIVE or FRIEND
<input type="checkbox"/> EMPLOYMENT AGENCY		<input type="checkbox"/> WALKED IN	

EDUCATION

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, gender, sexual orientation, age, disability, or national origin.

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED or SPECIAL ACHIEVEMENTS
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS or CORRESPONDENCE SCHOOL				

MILITARY SERVICE RECORD

BRANCH OF SERVICE	RANK AT DISCHARGE	DATES OF SERVICE
LIST DUTIES, INCLUDING SCHOOLS & TRAINING		
REASON FOR LEAVING		

GENERAL

PLEASE LIST ANY OTHER INFORMATION WHICH WILL HELP US EVALUATE YOUR QUALIFICATIONS FOR THIS JOB.
HAVE YOU EVER BEEN FIRED FROM A JOB, OR ASKED TO RESIGN IN LIEU OF BEING FIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CHECK HERE IF YOU HAVE ATTACHED A RESUME AS A SUPPLEMENT TO THIS INFORMATION <input type="checkbox"/>

FORMER EMPLOYERS: List below your last 3 employers, last one first. Furnish dates and an explanation for each period of unemployment greater than 1 month. Exclude organization names which indicate, for example, race, color, religion, gender, sexual orientation, national origin, age, marital status, disability, genetic information, or veteran's status.

NAME & ADDRESS OF EMPLOYER:		
TYPE OF BUSINESS:		
STARTING DATE:	LEAVING DATE:	REASON FOR LEAVING:
JOB TITLE:	SALARY:	
DESCRIPTION OF JOB & RESPONSIBILITIES:		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME & TITLE OF SUPERVISOR:		PHONE NO.:
NAME & ADDRESS OF EMPLOYER:		
TYPE OF BUSINESS:		
STARTING DATE:	LEAVING DATE:	REASON FOR LEAVING:
JOB TITLE:	SALARY:	
DESCRIPTION OF JOB & RESPONSIBILITIES:		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME & TITLE OF SUPERVISOR:		PHONE NO.:
NAME & ADDRESS OF EMPLOYER:		
TYPE OF BUSINESS:		
STARTING DATE:	LEAVING DATE:	REASON FOR LEAVING:
JOB TITLE:	SALARY:	
DESCRIPTION OF JOB & RESPONSIBILITIES:		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME & TITLE OF SUPERVISOR:		PHONE NO.:

CHARACTER REFERENCES: Give the names of 3 persons not related to you, whom you have known at least 1 year.

NAME / BUSINESS	ADDRESS	TELEPHONE	YEARS KNOWN
1.			
2.			
3.			

AUTHORIZATION: I promise that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information will result in rejection of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I understand and agree with the fact that the Company maintains a drug-free workplace and I will be required to undergo a post-offer medical examination, including but not limited to drug and/or alcohol screening and testing, designed to ascertain my suitability for employment. I also understand and agree that I will be subject to such testing during the course of my employment, and I agree not to oppose such testing. I understand that, subject to applicable law, the Company shall be the sole judge of the acceptability of any test results. If hired, I agree to abide by the terms and conditions of all Company rules and regulations. I understand and agree that my employment will be at will and that I or the Company can terminate this employment relationship at any time, with or without notice, for any lawful reason or no reason. I also understand that oral representations to the contrary do not change the fact that both the Company and I remain free to end the work relationship for any lawful reason or no reason. I further understand that any changes in this employment relationship must be made in writing. I acknowledge that I have been advised that Kolberg-Pioneer, Inc. is an Equal Opportunity Employer and the Company administers its employment policies in a nondiscriminatory manner. I specifically authorize Kolberg-Pioneer, Inc. to investigate my background, including any and all references, consistent with the position for which I am applying, and release and hold Kolberg-Pioneer, Inc. harmless for any and all liabilities arising out of its investigation of my application for employment. I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I authorize the Company, in its sole discretion, to supply my employment record to any prospective employer, government agency, or other party with an interest that the Company deems appropriate. I understand that this application is not a contract of employment.

Applicant's Signature _____ Date _____



**SELF-IDENTIFICATION FORM
FOR GENDER AND RACE**

(HRF-002-04A 07/13)

This page will immediately be separated from your application and stored apart from any other information regarding you. Completion is entirely voluntary.

As a federal contractor, Kolberg-Pioneer, Inc. must comply with reporting requirements established by the Equal Employment Opportunity Commission (EEOC) and the Office of Federal Contract Compliance (OFCCP). To enable us to meet government recordkeeping and reporting requirements for the administration of our policy on nondiscrimination and affirmative action, Kolberg-Pioneer, Inc. invites you to complete this personal data form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be used solely for government recordkeeping and reporting purposes, and will be kept in a confidential file. Any information you choose to provide will not be considered by Kolberg-Pioneer, Inc. for employment purposes and will be treated as confidential. Your voluntary cooperation is appreciated.

It is the policy of Kolberg-Pioneer, Inc. to provide equal employment and advancement opportunities to all qualified individuals. All personnel actions, including recruitment, hiring, training, and promoting persons in all job titles, will be administered without regard to race, color, religion, gender, sexual orientation, marital status, national origin, age, disability, genetic information, or Vietnam Era veteran status, or other protected basis, and all employment decisions are based solely on valid job requirements.

_____ Last Name First Name Middle Initial

Social Security Number: _____ Male Female

Position Applied For: _____

Are you **Hispanic or Latino** (i.e., A person of Cuban, Mexican Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?

_____Yes _____No

If No, what race(s) do you consider yourself to be? (If any of the definitions outlines below apply to you, please check off the appropriate line(s).)

_____ **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.

Your Signature: _____

Date Signed: _____



APPLICANT SELF-IDENTIFICATION FORM FOR VETERANS

(HRF-002-04B 08/13)

To enable us to meet government recordkeeping and reporting requirements for the administration of civil rights laws and regulations, Kolberg-Pioneer, Inc. invites you to complete this personal data form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be used solely for government recordkeeping and reporting purposes, and will be kept in a confidential file. Any information you choose to provide will not be considered by Kolberg-Pioneer, Inc. for employment purposes and will be treated as confidential. Your voluntary cooperation is appreciated.

It is the policy of Kolberg-Pioneer, Inc. to provide equal employment and advancement opportunities to all qualified individuals. All personnel actions, including recruitment, hiring, training, and promoting persons in all job titles, will be administered without regard to race, color, religion, sex, national origin, age, disability, or Vietnam Era veteran status, or other protected basis, and all employment decisions are based solely on valid job requirements.

Are you:

	Yes	No
A "Special Disabled Veteran"?	_____	_____
A "Vietnam Era Veteran?"	_____	_____
A "Recently Separated Veteran?"	_____	_____
An "Other Protected Veteran?"	_____	_____
A person with Military Service not described by one of the above categories?	_____	_____

Definitions

A person is "disabled" if he or she has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.

"Special Disabled Veteran" means (i) 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 Department of Veterans Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under section 38 U.S.C. 3106 to have a serious employment handicap, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

"Vietnam Era Veteran" means a person who served active duty for more than 180 days, if any part of the service occurred (1) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (2) during the time period August 5, 1964 through May 7, 1975, and was not discharged or released dishonorably or was discharged or released for a service connected disability.

"Recently Separated Veteran" means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

"Other Protected 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, other than special disabled veterans or veterans of the Vietnam era.

Thank you for your cooperation.

Your Signature: _____

Date Signed: _____

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: _____