

Application for Employment



PERSONAL INFORMATION

Today's Date:

Name: _____		
(First)	(Last)	(Middle Initial)
Address: _____		
Phone Number: _____	Email Address: _____	
Position Applying For: _____	Date you are available to work: _____	
How were you referred to Hinda? (Select One)		
<input type="checkbox"/> Job Fair/Ad	<input type="checkbox"/> Relative	<input type="checkbox"/> *Employee
Employment Agency: _____	Website/Job Board: _____	Other: _____
*If you were referred by an employee, please provide their name: _____		

Are you interested in? (Check all that apply) Full-Time Part-Time Temporary Seasonal Internship

Have you previously worked for Hinda? Yes No

If yes, provide dates. From: _____ To: _____

COMPENSATION

Current (or most recent) base salary or hourly rate: \$ _____ Salary Hourly

Other annual compensation information (Please check all that may apply):

Bonus \$ _____ Commissions \$ _____ Other compensation incentives \$ _____
excluding base salary

EDUCATION

School	Name and Location	Degree/Area of Study	Years Completed	Graduated	
High School				Yes	No
College				Yes	No
Graduate School				Yes	No
Other				Yes	No

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military service.

Do you have a Resume?	Yes	No
<i>If yes, please attach your resume and skip to the next section.</i>		
May we contact your present employer?	Yes	No
May we contact your past employers?	Yes	No

Dates Employed	Employer Information	Major Duties Performed
From:	Employer	
To:	Street Address City	
Salary or Wages	State/Zip Code Phone	
Starting:	Job Title Supervisor Name	
Final:	Reason for Leaving	

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VOLUNTARY SELF-IDENTIFICATION: DISABILITY

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked this information?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. 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
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic Stress Disorder
- Obsessive Compulsive Disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation) dystrophy

Please check one of the boxes below:

Yes, I have a disability
(or previous disability)

No, I do not have a disability

I do not wish to answer

Your Name: _____

Today's Date: _____

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.

¹Section 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.

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: VETERAN

Definitions

Hinda is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, 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.

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.

Self-Identification

If you believe you belong to any of the classifications of protected veterans listed above, please indicate by selecting the appropriate option 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:

Disabled Veteran

Recently Separated Veteran

Active Duty Wartime or Campaign Badge Veteran

Armed Forces Service Medal Veteran

I am not a protected veteran

I decline to provide a response to the veteran information request

Reasonable Accommodation Notice:

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 (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 and to the extent appropriate, if you have a condition that 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.

VOLUNTARY SELF-IDENTIFICATION: DIVERSITY

DIVERSITY

To meet government requirements, Hinda is subject to offering ethnicity/race, gender, disability and veteran data. The data will be used to meet reporting requirements and other requirements outlined in the Company's Affirmative Action Program.

The information requested in the items below is voluntary and will not be used for hiring purposes.

Gender:

Female

Male

ETHNICITY & RACE IDENTIFICATION

Are you Hispanic or Latino:

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

Yes, I am Hispanic or Latino.

No, I am not Hispanic or Latino.

What is your race? Select one or more

American Indian or Alaska Native

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

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including for example, Cambodia, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Viet Nam.

Black or African American

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

Native Hawaiian or other Pacific Islander

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

White

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

Two or More Races

All persons who identify with more than one of the above 5 races.

I decline to provide responses to the self-identification details above.

PLEASE READ CAREFULLY

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from Hinda, Inc. if I have been employed. I give the company the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability Hinda and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that just as I am free to resign at any time, Hinda reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurances to the contrary.

Hinda is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, gender, age, national origin, color, religion, disability, military status, or any other basis protected by applicable federal, state or local law.

I understand it is Hinda's policy not to refuse to hire a qualified individual with a disability because of this person's need for accommodations that would be required by the ADA.

This application is current for thirty (30) days. At the conclusion of this time, if I have not heard back from Hinda and still wish to be considered for employment, it will be necessary to complete a new application.

Signature of Applicant

Date