



Employment Application

HJC Farms, Inc is an Equal Opportunity Employer

Revised: July 27, 2017

Personal Information	Application Date		Desired Position		
	First Name		Middle Name		Last Name
	Street Address		City, State		Zip Code
	Home Phone		Cell Phone		Email Address
	Social Security No.		Desired Pay Rate		Date Available for Work

Work Eligibility	Are you at least 18 years of age?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Availability			
	Are you legally authorized to work in the United States?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Monday	Days	Nights	Any
	Do you have a valid/active driver license?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a misdemeanor or felony within the past seven (7) years?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain all convictions				
				Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Education	High School/GED Facility	City, State	Do you have a diploma?
	College/University	City, State	Graduation Date
	College/University	City, State	Graduation Date

EEO

HJC Farms, Inc. maintains a continuing policy of non-discrimination in employment. It is our policy to provide equal opportunity to individuals with disabilities and protected veterans in all phases of the employment process and in compliance with applicable federal, state, and local laws and regulations. This policy of non-discrimination shall include, but not be limited to, the following employment decisions and practices: hiring; promotions; demotions or transfers; layoffs; recalls; terminations; rates of pay or other forms of compensation; selection for training, including apprenticeship; and recruitment or recruitment advertising.

Employment History	<i>Most Recent Employer</i>	<i>City, State</i>	<i>Phone No.</i>
	<i>Position</i>	<i>Hire Date</i>	<i>Separation Date</i>
	<i>Reason for Separation</i>		
	<i>Previous Employer</i>	<i>City, State</i>	<i>Phone No.</i>
	<i>Position</i>	<i>Hire Date</i>	<i>Separation Date</i>
	<i>Reason for Separation</i>		
	<i>Previous Employer</i>	<i>City, State</i>	<i>Phone No.</i>
	<i>Position</i>	<i>Hire Date</i>	<i>Separation Date</i>
	<i>Reason for Separation</i>		

Declarations & Acknowledgments	<ul style="list-style-type: none"> • I certify that all statements and answers in this application are true and complete to the best of my knowledge. • I agree that any falsification, omission, concealment, or failure to answer any questions fully and completely may result in denial of employment or termination regardless of when such information is discovered. • I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. • I understand that an offer of employment may be contingent upon my taking and passing a drug test and/or background investigation including a motor vehicle report. • If employed, I agree to comply with all Company rules, regulations, and policies. • I understand that employees of the company are employed at-will and are free to resign at any time with or without notice or reason. I understand that the Company also retains the right to terminate my employment at any time with or without notice or reason. • I understand that no oral or written statement contained in any Company provided document creates a guarantee of employment nor is intended to create an employment contract.
	<i>Applicant Signature</i>

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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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

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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.

ⁱ Section 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.

Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender to comply with government reporting requirements and to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. 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 Federal affirmative action regulations.

Name: _____

Date: _____

Position: _____

MALE FEMALE I CHOOSE NOT TO SELF-IDENTIFY

WHITE
(not Hispanic or Latino)

BLACK or AFRICAN AMERICAN
(not Hispanic or Latino)

HISPANIC OR LATINO

ASIAN
(not Hispanic or Latino)

AMERICAN INDIAN/ALASKA NATIVE
(not Hispanic or Latino)

NATIVE HAWAIIAN or PACIFIC ISLANDER
(not Hispanic or Latino)

TWO or MORE RACES (not Hispanic or Latino)

I CHOOSE NOT TO SELF-IDENTIFY

This company is also 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 veterans in the following classifications:

- 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](#).

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 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