

## Application for Employment

humanresources@northernsafety.com

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy, sexual orientation, and gender identity), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law. In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____			Applicant ID# _____	
_____ Last	_____ First	_____ Middle		
Address _____				
_____ Street	_____ City	_____ State	_____ Zip Code	
Telephone# _____	Cellular/Other Phone# _____	E-mail Address _____		
Position(s) applied for _____			Date of application _____	
			Month	Day Year
Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____				

If necessary, the best time to call you is \_\_\_\_\_  
 \_\_\_\_\_ ☐ Home ☐ Cellular/Other

May we contact you at work? ..... ☐ Yes ☐ No  
 If **yes**, work number and best time to call: \_\_\_\_\_

If you are under 18 and it is required,  
 can you furnish a work permit? ..... ☐ N/A ☐ Yes ☐ No

If **no**, please explain: \_\_\_\_\_

Have you submitted an application here before? ..... ☐ Yes ☐ No

If **yes**, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? ..... ☐ Yes ☐ No

If **yes**, give dates: From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

Is this application a request for reemployment following an extended military  
 leave of absence from this company? ..... ☐ Yes ☐ No

If **yes**, additional information may be requested.

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

Date available for work \_\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time  
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ..... ☐ Yes ☐ No

Will you travel if job requires it? ..... ☐ Yes ☐ No  
 Other than time off for reasons related to your religion, a disability, or a  
 medical condition, are there any days or times when you are  
 unavailable to work? ..... ☐ Yes ☐ No

Will you work overtime if required? ..... ☐ Yes ☐ No  
 If **no**, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which  
 you are applying (with or without reasonable accommodation)?  
 This question is not designed to elicit information about an applicant's  
 disability. Please do not provide information about the existence of a  
 disability, particular accommodation or whether accommodation is  
 necessary. These issues may be addressed at a later stage to the  
 extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the  
 job's "essential functions" to respond

Driver's license number required if driving may be required in the job  
 for which you are applying: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_  
 Have you ever been bonded? ..... ☐ Yes ☐ No  
 Have you entered into an agreement with any former employer or other  
 party (such as a non competition agreement) that might, in any way, restrict  
 your ability to work for our company? ..... ☐ Yes ☐ No

If **yes**, please explain: \_\_\_\_\_

NOTE TO RHODE ISLAND APPLICANTS: This company is subject to the state's  
 workers' compensation laws (Chapter 29-38) unless otherwise noted below  
 (employer to list applicable exemptions): \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis.

Employer	Telephone #	
Street Address	City	State
Starting job title/final job title	Dates employed: (Mo./Yr.)	to (Mo./Yr.)
Immediate supervisor and title (for most recent position held)		
E-mail:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone #	
Street Address	City	State
Starting job title/final job title	Dates employed: (Mo./Yr.)	to (Mo./Yr.)
Immediate supervisor and title (for most recent position held)		
E-mail:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		
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Immediate supervisor and title (for most recent position held)		
E-mail:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?		
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... ☐ Yes ☐ No

If **yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

<input type="checkbox"/> Word Processing _____ Level: _____	<input type="checkbox"/> Internet _____ Level: _____
<input type="checkbox"/> Spreadsheet _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____
<input type="checkbox"/> Presentation _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____
<input type="checkbox"/> E-mail _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____

## Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		Select One		
		Select One		
		Select One		
		Select One		

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.

If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known

## Related Information

When answering these questions, please exclude any information that would reveal sex (including pregnancy, sexual orientation and gender identity), race, color, religion, national origin, citizenship, age, disability, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? \_\_\_\_\_

List special accomplishments, publications, awards, etc. \_\_\_\_\_

List any relevant volunteer work. \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including pregnancy, sexual orientation and gender identity), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.**

### Mandatory Employer Disclosures

**Notice to Illinois applicants:** Please be advised pursuant to Illinois law, applicants are not obligated to disclose expunged juvenile records of adjudication, arrest, or conviction. **Notice to Indiana applicants:** This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment. **Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS**

**LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. Notice to Massachusetts applicants:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. **Notice to North Dakota applicants:** This company complies with North Dakota law prohibiting smoking within 20 feet of entrance and inside places of employment. **Notice to Rhode Island applicants:** This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment.

**I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.**

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date (Mo./Day/Yr.)** \_\_\_\_\_



## APPLICANT INVITATION TO SELF-IDENTIFY

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Thank you for considering Northern Safety Company in your job search. This employer is a government contractor subject to Executive Order 11246, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, and Section 503 of the Rehabilitation Act. In order to evaluate and improve our recruiting processes and to respond to federal record keeping and reporting requirements, we invite you to complete this brief form. Providing this information is voluntary; refusal to provide the information will not result in any adverse treatment.

**RACE/ETHNIC GROUPS:** Are you Hispanic or Latino? ☐ Yes ☐ No

**If you answered "No" to the question "Are you Hispanic or Latino?" Please check the applicable race box** (check one):

- ☐ White (Not Hispanic or Latino)
- ☐ Asian (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ American Indian or Alaska Native (Not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- ☐ Two or More Races - All persons who identify with more than one of the above five races. (Not Hispanic or Latino)

**SEX:**

☐ Male ☐ Female

**VETERAN STATUS:**

Classifications of protected veteran are defined as follows:

- A **"disabled veteran"** is either 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 identify as one or more of the classifications of protected veteran listed above.
- ☐ I am **not** a protected veteran.

## APPENDIX: CAMPAIGNS AND EXPEDITIONS THAT QUALIFY FOR VETERANS PREFERENCE

### Armed Forces Expeditionary Medal:

Campaign/Expedition	Start Date	End Date
Afghanistan (Operation Enduring Freedom)	09/11/01	present
Afghanistan (Operation Iraqi Freedom)	03/19/03	present
Berlin	08/14/61	06/01/63
Bosnia (Operation Joint Endeavor)	11/20/95	12/20/96
Bosnia (Operation Joint Guard)	12/20/96	06/20/98
Bosnia (Operation Joint Forge)	06/21/98	present
Cambodia	03/29/73	08/15/73
Cambodia Evacuation (Operation Eagle Pull)	04/11/75	04/13/75
Congo	07/14/60	09/01/62
Congo	11/23/64	11/27/64
Cuba	10/24/62	06/01/63
Dominican Republic	04/28/65	09/21/66
El Salvador	01/01/81	02/01/92
Global War on Terrorism	09/11/01	present
Grenada (Operation Urgent Fury)	10/23/83	11/21/83
Haiti (Operation Uphold Democracy)	09/16/94	03/31/95
Iraq (Operation Northern Watch)	01/01/97	present
Iraq (Operation Desert Spring)	12/31/98	12/31/02
Iraq (Operation Enduring Freedom)	09/11/01	present
Iraq (Operation Iraqi Freedom)	03/19/03	present
Korea	10/01/66	06/30/74
Kosovo	03/24/99	present
Laos	04/19/61	10/07/62
Lebanon	07/01/58	11/01/58
Lebanon	06/01/83	12/01/87
Mayaguez Operation	05/15/75	05/15/75
Operations in the Libyan Area (Operation Eldorado Canyon)	04/12/86	04/17/86
Panama (Operation Just Cause)	12/20/89	01/31/90
Persian Gulf Operation (Operation Earnest Will)	07/24/87	08/01/90
Persian Gulf Operation (Operation Southern Watch)	12/01/95	present
Persian Gulf Operation (Operation Vigilant Sentinel)	12/01/95	02/01/97
Persian Gulf Operation (Operation Desert Thunder)	11/11/98	12/22/98
Persian Gulf Operation (Operation Desert Fox)	12/16/98	12/22/98
Persian Gulf Intercept Operation	12/01/95	present
Quemoy and Matsu Islands	08/23/58	06/01/63
Somalia (Operations Restore Hope and United Shield)	12/05/92	03/31/95
Taiwan Straits	08/23/58	01/01/59
Thailand	05/16/62	08/10/62
Vietnam Evacuation (Operation Frequent Wind)	04/29/75	4/30/75
Vietnam (including Thailand)	07/01/58	07/03/65

## APPENDIX: CAMPAIGNS AND EXPEDITIONS THAT QUALIFY FOR VETERANS PREFERENCE (Cont.)

### Navy Expeditionary Medal and Marine Corps Medal for These Operations:

Campaign/Expedition	Start Date	End Date
Cuba	01/03/61	10/23/62
Indian Ocean/Iran	11/21/79	10/20/81
Iranian/Yemen/Indian Ocean	12/08/78	06/06/79
Lebanon	08/20/82	05/31/83
Liberia (Operation Sharp Edge)	08/05/90	02/21/91
Libyan Area	01/20/86	06/27/86
Panama	04/01/80	12/19/86
Panama	02/01/90	06/13/90
Persian Gulf	02/01/87	07/23/87
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	8/10/62

### Other Campaign and Service Medals Qualifying for Preference:

Campaign/Expedition	Start Date	End Date
Army Occupation of Austria	05/09/45	07/27/55
Army Occupation of Berlin	05/09/45	10/02/90
Army Occupation of Germany (exclusive of Berlin)	05/09/45	05/05/55
Army Occupation of Japan	09/03/45	04/27/52
Chinese Service Medal (Extended)	09/02/45	04/01/57
Korea Defense Service Medal	07/28/54	TBD
Korean Service	06/27/50	07/27/54
Kosovo Campaign Medal (KCM) Operation Allied Force	03/24/99	06/10/99
Kosovo Campaign Medal (KCM) Operation Joint Guardian	06/11/99	TBD
Kosovo Campaign Medal (KCM) Operation Allied Harbor	04/04/99	09/01/99
Kosovo Campaign Medal (KCM) Operation Sustain Hope/ Shining Hope	04/04/99	07/10/99
Kosovo Campaign Medal (KCM) Operation Noble Anvil	03/24/99	07/20/99
Kosovo Campaign Medal (KCM) Task Force Hawk	04/05/99	06/24/99
Kosovo Campaign Medal (KCM) Task Force Saber	03/31/99	07/08/99
Kosovo Campaign Medal (KCM) Task Force Falcon	06/11/99	TBD
Kosovo Campaign Medal (KCM) Task Force Hunter	04/01/99	11/01/99
Navy Occupation of Austria	05/08/45	10/25/54
Navy Occupation of Trieste	05/08/45	10/25/54
Southwest Asia Service Medal (Operations Desert Shield and Desert Storm)	08/02/90	11/30/95
Units of the Sixth Fleet (Navy)	05/09/45	10/25/55
Vietnam Service Medal (VSM)	07/04/65	03/28/73
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

# Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2025

Name: \_\_\_\_\_ Date: (Mo./Day/Yr.) \_\_\_\_\_

Employee ID: \_\_\_\_\_  
(if applicable)

## 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](http://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                                                                                   | • Deaf or hard of hearing                                                               | • Missing limbs or partially missing limbs                                                                   |
| • Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS | • Depression or anxiety                                                                 | • Nervous system condition, for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS) |
| • Blind or low vision                                                                      | • Diabetes                                                                              | • Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression             |
| • Cancer                                                                                   | • Epilepsy                                                                              |                                                                                                              |
| • Cardiovascular or heart disease                                                          | • Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome |                                                                                                              |
| • Celiac disease                                                                           | • Intellectual disability                                                               |                                                                                                              |
| • Cerebral palsy                                                                           |                                                                                         |                                                                                                              |

## 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 record keeping purposes.

For example:

Job Title: \_\_\_\_\_ Date of Hire: (Mo./Day/Yr.) \_\_\_\_\_