



Employment Application

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, veteran status or membership status in any class protected by law.

Date: _____ **Phone Number:** _____ **Alternate Number:** _____

1	Last Name _____ First Name _____ Middle Initial _____ Other Names Used: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Previous Address: _____ City: _____ State: _____ Zip: _____ Previous Address: _____ City: _____ State: _____ Zip: _____ Do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 years of age or older? _____ Do you have U.S. citizenship or authorization from the Immigration and Naturalization Service to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If hired, Federal Law requires that you furnish documentation establishing your identity and eligibility to work in the U.S. If you do not furnish documentation within three (3) days of beginning work, we are required to terminate your employment.
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2	Position applying for: _____ Do you want full-time employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you want part-time employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If part-time, what days and hours are you able to work? _____ Referred By: <input type="checkbox"/> Our Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other Date you are available to start work: _____ Salary or wage desired: \$ _____ <input type="checkbox"/> Hr. <input type="checkbox"/> Week Special skills or qualifications you possess: _____ _____
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3	Have you ever worked for R.A. Miller before? _____ If Yes, when? _____ Position: _____ Have you been convicted of any crime(s) or pled guilty to any crime(s) (other than minor traffic violations) within the past seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____ Do you have any pending felonies? _____ If Yes, explain: _____
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EDUCATION (please attach a copy of your high school diploma or GED certificate)

	Name & Location of School	Subjects Studied	Date	Did you Graduate?
High School				
College		Major: Degree:		
Technical, Business, Trade School				
Other				

EMPLOYMENT

1. Company Name:		Telephone:
Complete Address: (Street No, City, State, Zip)		Employed (Month/Year) From: To:
Name of Supervisor	Weekly Pay: Start: Last:	
State job title and describe your work:	Reason for leaving:	

2. Company Name:		Telephone:
Complete Address: (Street No, City, State, Zip)		Employed (Month/Year) From: To:
Name of Supervisor	Weekly Pay: Start: Last:	
State job title and describe your work:	Reason for leaving:	

3. Company Name:		Telephone:
Complete Address: (Street No, City, State, Zip)		Employed (Month/Year) From: To:
Name of Supervisor	Weekly Pay: Start: Last:	
State job title and describe your work:	Reason for leaving:	

Please explain any periods of unemployment: _____

PERSONAL REFERENCES (No relatives please)

Name	Address (Street, City, State, Zip)	Years Known	Telephone

<p>PLEASE READ THE FOLLOWING AND SIGN BELOW:</p> <p>I acknowledge that the facts set forth on this application are true and complete. I understand that if employed, any false statement or omission on this application or any attachment shall be sufficient cause for dismissal. In addition, I understand that RAMI is an “at-will employer.”</p> <p>I understand that before I am hired, R.A. Miller Industries, Inc. (<i>RAMI</i>) will require me to undergo a physical examination and a drug or alcohol test. I will agree to take such an examination and test.</p> <p>I authorize <i>RAMI</i> to copy this document and agree that such copies with my signature shall have the same legal force and effect as the original document with my signature.</p> <p>Signature: _____ Date: _____</p>



**EQUAL EMPLOYMENT OPPORTUNITY (EEO)
DATA COLLECTION**

NUMBER: _____

THIS FORM IS VOLUNTARY

This form is optional and need not be filled out for application to be considered for employment. This information is for record keeping purposes only and will not be part of your employment application.

Please indicate the following:

Age: _____

Sex: _____

Race: _____

- Hispanic*
- Caucasian*
- Black*
- Asian*
- American Indian*
- Other*

Are you a United States Veteran of the Vietnam conflict: _____

Do you have any physical handicap or impairment: _____

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

Voluntary Self-Identification of Disability

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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.