



EMPLOYMENT APPLICATION

Name _____
First Middle Last

Address _____

City State Zip Code

Telephone Cell Phone

E-Mail _____

Position applied for Date of Application

Referral Source _____

Available to work: Full Time Part Time Summer or Temp Help
(Give details: hours per week, days, etc)

What date would you be available to work? _____

1. Are you under 18? Yes No

2. If employed and you are under 18, can you furnish a work permit? Yes No

3. Have you filed an application here before? Yes No

If yes, give dates _____

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

5. Do you have any relatives working for MountainOne? Yes No

6. Are you employed now? Yes No

7. Are you eligible to work in the United States? Yes No

EDUCATION

Years completed
High School 1 2 3 4 College/University 1 2 3 4 Graduate/Professional 1 2 3 4

Diploma/Degree Received _____

Major/Course of Study _____

PAST EMPLOYMENT

Start with your present or last job. (Exclude organization names that indicated race, color, religion, sex or national origin.)

| | | |
|-------------------------------|------|----|
| Employer/Company | From | To |
| Address | | |
| Telephone | | |
| Job Title | | |
| Primary Duties | | |
| Reason for Leaving | | |
| May we contact this Employer? | Yes | No |
| Supervisor name | | |

| | | |
|-------------------------------|------|----|
| Employer/Company | From | To |
| Address | | |
| Telephone | | |
| Job Title | | |
| Primary Duties | | |
| Reason for Leaving | | |
| May we contact this Employer? | Yes | No |
| Supervisor name | | |

| | | |
|-------------------------------|------|----|
| Employer/Company | From | To |
| Address | | |
| Telephone | | |
| Job Title | | |
| Primary Duties | | |
| Reason for Leaving | | |
| May we contact this Employer? | Yes | No |
| Supervisor name | | |

VOLUNTARY/BOARD/MILITARY EXPERIENCE

Please list all current and prior experiences:

Any specialized training, skills, apprenticeships or other activities related to your skill/experience:

Honors/awards received:

Military Service:

Volunteer Service/Board Service:

SEALED RECORD NOTICE:

An applicant for employment with a sealed record on file with the Commission of Probation may answer "no record" with respect to an inquiry herein related to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to an inquiry related to prior arrests, court appearance and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

REFERENCES

Please give name, address and telephone number of three personal references that are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Disclosure

MountainOne does not discriminate in hiring or employment on the basis of race, color, religion, national origin, ancestry, sex, sexual orientation, marital status, results of genetic testing, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves of National Guard. No question on this application is intended to secure information to be used for such discrimination. 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.

This application will be given every consideration, but its receipt does not imply that you will be employed. MountainOne, at its own expense, arranges for a surety bond for each of its employees. Unless your (the applicant) background check is acceptable to a bonding surety company (not relative to of race, color, religion, national origin, ancestry, sex, sexual orientation, marital status, results of genetic testing, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves of National Guard), it will be difficult to secure this bond, and MountainOne may be unable to offer employment. At its discretion and to ensure that it may meet its compliance obligations, MountainOne may perform additional background checks throughout the employment cycle of any or all employees.

PLEASE READ BEFORE SIGNING

If you have any questions regarding this statement, please ask them of a Human Resources representative before signing.

I authorize MountainOne to supply my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party with a legal and proper interest.

I understand that if I am hired, my employment with MountainOne will be at will and may be terminated by MountainOne or me at any time and for any reason. I understand that no documents or statements of MountainOne will constitute a contract of employment that in any way limits MountainOne's rights to terminate employment at will. I further understand that the at-will nature of my employment cannot be changed except by a formal written contract signed by both the CEO (or COO) of MountainOne and me.

Without limiting in any way the at-will status of my employment if I am hired, I understand that if any of the statements on this application are untrue, MountainOne may immediately discharge me.

I hereby acknowledge that I have read the above statement and understand the same.

Signature of Applicant

Date

Print Name Above

APPLICANT DATA RECORD
MountainOne is an equal opportunity / affirmative action employer

Applicants are considered for all positions, and employees are treated during employment without regard to race, creed, color, religion, sex, sexual orientation, national origin, age, disability, marital or veteran status, or being a member of the Reserve or National Guard. As employers/government contractors, we comply with government regulations, including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1974 and Veteran Employment Opportunities Act (VEOA) of 1998. Solely to help us comply with government record keeping, reporting and other legal obligations as required under these and other laws and regulations, we ask that you please fill out the Applicant Data record. This data is for analysis and affirmative action only. Submission of this information **is voluntary**. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application of Employment.

Position applied for _____ Date _____

Referral Source: Newspaper Internet Friend/Relative Walk-In

Current MountainOne Employee: (Name) _____

VOLUNTARY AFFIRMATIVE ACTION SURVEY: Check one: Female Undecided Male

Please check one (or more) of the following Race/Ethnic Group(s):

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

Black or African American - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Hispanic or Latino (all Races) - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origins, regardless of race.

Hispanic or Latino (White race only) - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, and have the White Race.

Hispanic or Latino (All other races) - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, and of any other race other than White.

American Indian/Alaskan Native - A person having origin in any of the original peoples of North America and South America (including Central America), and who maintains 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, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Check if the following is applicable:

Vietnam Era Veteran - an individual who either 1) served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released other than dishonorably, or 2) was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 15, 1964 and May 7, 1975.

Veteran - an individual who served and received campaign badge(s) for serving in any of the following campaigns: The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia and Bosnia.

Signature of Applicant

PROTECTED VETERAN PRE-OFFER INVITATION TO SELF-IDENTIFY

MountainOne is a Government Contractor subject to the requirements of the Vietnam Era Veterans Readjustment Assistance Act of 1974 (38 USC 4212), as amended by the Jobs for Veterans Act (JVA) of 2002. 38 USC 4212 prohibits discrimination in employment on the basis of disabled veteran, recently separated veteran, active duty wartime or campaign badge veteran, or Armed Forces Service Medal veteran status, and requires affirmative action to employ, and to advance in employment, qualified covered veterans.

MountainOne has affirmative action programs which describe its efforts to employ, and advance in employment, qualified protected veterans. If you are a disabled, recently separated, active duty wartime or campaign badge, or Armed Forces Service Medal veteran, and would like to be considered under the affirmative action program, please tell us, either at this time or at any time in the future.

Providing this information is strictly **voluntary**. Any information you provide will be kept confidential and will not be used in a manner inconsistent with the law. Furthermore, refusal to provide this information will not subject you to any adverse treatment.

VETERAN STATUS:

Protected Veteran (See descriptions below)

Not a Protected Veteran

I Prefer Not to Self-Identify at this time

“Disabled Veteran” means (1) 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 (2) A person who was discharged or released from active duty because of a service-connected disability.

“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.

“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.

“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.

Please indicate, if known:

Requisition #:

Specific Title of Position:

Hiring Manager or Human Resources Recruiter:

MountainOne does not discriminate in employment on the basis of race, color, national origin, age, sex, sexual orientation, disability, protected veteran, marital, or any other protected status covered by federal, state or local law.

Signature of Applicant

Date

Print Name Above

Voluntary Self-Identification of Disability

Form CC-305
Control Number 1250-0005
Expires 1/31/2020

Page 1 of 2

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. 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 dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please select one of the options below: Do you have a disability?

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

Date

Voluntary Self-Identification of Disability

Form CC-305
Control Number 1250-0005
Expires 1/31/2020

Page 2 of 2

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.

¹ 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.