



EMPLOYMENT APPLICATION

PRE-EMPLOYMENT
PHYSICAL, SUBSTANCE
SCREENING AND
BACKGROUND CHECKS
REQUIRED

Qualified applicants are considered for all positions without regard to race, creed, color, religion, sex, national origin, ancestry, age, place of birth, veteran status, physical or mental condition, or any other legally protected status.

PLEASE PRINT

Type of work applied for: _____ Date: _____

How did you hear about us? _____

Name: _____

Street Address: _____

City / State / Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Best time to contact you is: _____ : _____ AM / PM

Are you legally eligible for employment in the United States? Yes No

If you are under 18 please state your age: _____ If you are under 18 can you supply working papers? Yes No

Have you ever filed an application with us before? If yes, give date: _____ Yes No

Have you ever been employed with us before? If yes, give date: _____ Yes No

Do any of your friends or relatives work here? Who? _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available to work: _____ Rate of pay expected: _____

Your work availability: Temporary (Please show dates available: _____)
 Part-Time (Please circle: Mornings Afternoons Evenings)
 Full-Time (Please circle shift: 1 2 3)

Can you work overtime including weekends? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been terminated from employment or asked to resign? Yes No
Have you ever been convicted of a crime? If yes please explain: Yes No

EDUCATION

	Name and location of school	No. of Yrs Attended	Degree Received	Subjects Studied / Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.* You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

From:	To:	Employer Name:	Telephone:
Job Title:		Address:	
Immediate supervisor and title:		Type of work:	
Reason for leaving:			Rate of Pay:
From:	To:	Employer Name:	Telephone:
Job Title:		Address:	
Immediate supervisor and title:		Type of work:	
Reason for leaving:			Rate of Pay:
From:	To:	Employer Name:	Telephone:
Job Title:		Address:	
Immediate supervisor and title:		Type of work:	
Reason for leaving:			Rate of Pay:
From:	To:	Employer Name:	Telephone:
Job Title:		Address:	
Immediate supervisor and title:		Type of work:	
Reason for leaving:			Rate of Pay:

SKILLS AND EXPERIENCE

Describe any special skills, experience, training or extra-curricular activities that would enhance your ability to perform the position applied for:

BUSINESS REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted

Please read carefully before signing

Cambridge Valley Machining, Inc. is an equal opportunity employer. Cambridge Valley Machining, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or other legally protected status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Cambridge Valley Machining, Inc. to hire me. If I am hired, I understand that either Cambridge Valley Machining, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Cambridge Valley Machining, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Cambridge Valley Machining, Inc. true and complete information on this application. No requested information has been concealed. I authorize Cambridge Valley Machining, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature of Applicant

Date

**Cambridge Valley Machining, Inc.
Defense Trade & Technology Control**

EMPLOYEE NONDISCLOSURE STATEMENT

I, _____, acknowledge and understand that any technical data or defense service related to defense articles on the U.S. Munitions List and/or Commerce Control List, to which I have access or which is disclosed to me in the course of my Employment / Visit at Cambridge Valley Machining is subject to Defense Trade and Technology Control under the International Traffic in Arms Regulation (Title 22, Code of Federal Regulations, Parts 120-130) and/or the items and activities subject to the EAR (described in Part §734.2 through §734.5)

I hereby certify that such data will not be further disclosed, exported, or transferred in any manner to any foreign national, foreign owned company, or any foreign country without prior written approval of the Directorate of Defense Trade Controls (DDTC), U.S. Department of State, United States Department of Commerce/Bureau of Industry and Security (BIS), and in accordance with U.S. government security (National Industrial Security Program Operating Manual) and customs regulations.

I understand that under Part 127.3 of the ITAR, I can be subject to fine or imprisonment if I am convicted of willful violation of any provision of Section 38 or 39 of the Arms Export Control Act (AECA). Also, I understand that under EAR, CFR 764.3, I can be subject to fine, imprisonment, or other administrative sanction for willful violation of any provision of Export Administration Act (EAA), the EAR, or any order, license, or authorization issued there under.

I understand that under U.S. Federal Law, title 18, Chapter 47 that intentionally recording false records on a quality inspection report or any other report relating to a U.S. Government job may be a felony. I understand and agree to abide by all policies set forth by CVM as an employee to not falsify records, company or non-company at any time during the course of my employment.

I understand that under ATF U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives, Federal Regulations 478.128 False statement or representation (b) Any person other than a licensed manufacturer, licensed importer, licensed dealer or licensed collector who knowingly makes any false statement or representation with respect to any information required by the provisions of the Act or this part to be kept in the records of a person licensed under the Act or this part shall be fined not more than \$5,000 or imprisoned not more than 5 years, or both.

SIGNATURE: _____

Printed Name: _____ Date: _____

Supervisory Witness: _____

Printed Name: _____ Date: _____

Department: _____

Equal Employment Opportunity Self-Identification Applicant Survey

Applicant Name: _____

Date: _____

Position Applied For: _____

Survey of Sex, Ethnic Group and Race

Our organization is an equal opportunity employer and government contractor. It has been and shall continue to be both the official policy and the commitment of the Company, including all its divisions to further equal employment opportunities in hiring or employment. Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. No question on this form is intended to secure information to be used for such discrimination. If you fall into one of these protected classifications, we invite you to identify to yourself and receive coverage under our company's Affirmative Action Plan.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. Our organization is required by federal regulations to report information as requested below. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts. You may inform us of your status related to the following data or your change in status at this time and/or any time in the future.

Select the categories that apply. Definitions below.

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnic Group:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Two or More races

Definitions – Race / Ethnic Groups

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – 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 Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Applicant Survey Survey of Protected Veteran Status

Applicant Name: _____

Date: _____

Position Applied For: _____

The Company is a Government contractor 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:

- (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 pursuant to Executive Order 12985.

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.

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. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN

Voluntary Self-Identification of Disability

Form CC-305
OMB 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.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

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

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.

Information for Requesting Information About An Accommodation

The company has appointed the following individual as the official responsible for processing requests for reasonable accommodation from applicants and employees with disabilities:

Name:	Lori O'Dell
Title:	Human Resources Manager
Phone number:	518-677-5617 Ext 214
E-mail:	lodell@cvmusa.com
Mailing Address:	28 Perry Lane, Cambridge, NY 12816