

EOE/Minorities/Females/Vet/Disabled

ASPIRO Employment Application

A Drug Free / Tobacco Free Workplace

Date:

Last Name:

First Name:

MI:

Street Address:

City:

State:

Zip Code:

Telephone number:

Email address:

Are you at least 18 years of age: Yes No, if not stop filling out this application

Are you legally eligible for employment in the USA (proof is required): Yes No, if not stop filling out this application

Are you a former employee of ASPIRO: No Yes, if so in what position:
If so, were you dismissed: No Yes

Do you have a relative who is employed by ASPIRO: No Yes, if so what is the person's name and what is his / her relationship to you:

Title of the position you are applying for:

How many hours is the above position scheduled to work per week:

Important note: ASPIRO does not permit its employees scheduled to work 20 or more hours per week to be self-employed or work for another organization or company that provides services to individuals with disabilities as this creates a competitive relationship.

Are you self-employed or work for another organization or company that provides services to individuals with disabilities AND are applying for a job with ASPIRO to work 20 or more hours per week: No Yes, if so are you willing to end your self-employment or work for another organization or company if you are hired by ASPIRO: Yes No, if not stop filling out this application

How did you learn about this position opening:

In the space provided, tell us why you are seeking employment with ASPIRO:

Education

- I possess a high school diploma or GED
- I possess an Associate Degree in:
- I possess a Bachelor's Degree in:
- I possess a Master's Degree in:
- Other credentials I possess:

Employment History

Name of company (current or most recent):

Position(s) held:

Description of duties:

Start date (month / year):

End date (month / year):

Hourly rate or salary:

Were you dismissed: No Yes

Does this employer have its supervisors complete written evaluations for their employees and meet with them to discuss the results: Yes No

Name of company:

Position(s) held:

Description of duties:

Start date (month / year):

End date (month / year):

Hourly rate or salary:

Were you dismissed: No Yes

Does this employer have its supervisors complete written evaluations for their employees and meet with them to discuss the results: Yes No

Name of company:

Position(s) held:

Description of duties:

Start date (month / year):

End date (month / year):

Hourly rate or salary:

Were you dismissed: No Yes

Does this employer have its supervisors complete written evaluations for their employees and meet with them to discuss the results: Yes No

Name of company:

Position(s) held:

Description of duties:

Start date (month / year):

End date (month / year):

Hourly rate or salary:

Were you dismissed: No Yes

Does this employer have its supervisors complete written evaluations for their employees and meet with them to discuss the results: Yes No

I agree that the information on this Employment Application is true and accurate. My typed name will serve as my signature for this employment application:

VOLUNTARY DATA RECORD SURVEY

Date:

It is the policy of ASPIRO that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of race, religion, color, sex (including pregnancy and gender identity), sexual orientation, parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or any other non-merit based factor. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace. All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment. Applicants with disabilities may request any reasonable accommodation. At the same time, as an employer with an affirmative action program, we comply with government regulations, including affirmative action responsibilities and reports where they apply.

Government agencies periodically require reports on the status of protected employees. The purpose of this Voluntary Data Record is to comply with government record keeping, reporting, and other legal requirements. These data are for statistical analysis with respect to the success of the organization's affirmative action program only.

Completing this Voluntary Data Record Survey is optional. All data records are kept in a confidential file and ARE NOT a part of your Application for Employment or Personnel File.

NOTE: THE DECISION TO SUBMIT THIS INFORMATION IS VOLUNTARY.

Job Title:

Sex: Male
 Female

Ethnicity:

- Hispanic/Latino
(A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. Includes persons from the Dominican Republic.)
- Not Hispanic/Latino
(A person not of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.)

Race: (Indicate):

- Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or other Pacific Islander not Hispanic or Latino
 White
 Two or more races not Hispanic or Latino

Primary Language Spoken:

- English Spanish
 Hmong Other (list below:)

How did you learn about this vacancy:

Marital Status:

- Married
 Single
 Head of Household

Date of Birth:

Voluntary Self-Identification of Protected Veterans

5418

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belong to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN – 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.
- RECENTLY SEPARATED VETERAN – A veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty.
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN – 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.
- ARMED FORCES SERVICE MEDAL VETERAN – 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 (61 FR 1209)
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

Submission of this information is voluntary and 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 the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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 1/31/2017
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.

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.