



APPLICATION FOR EMPLOYMENT

ACP, Inc. is an Equal Opportunity Employer. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at ACP, Inc. will be based on merit, qualifications, and abilities. All qualified applicants will receive consideration for employment without regard to race color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status, or any other characteristic protected by law, and will not be discriminated against on the basis of disability.

PERSONAL INFORMATION - Incomplete information could disqualify you from further consideration

Last Name		First Name		Middle Initial	Date of Application
Address: Street, Apt. No.		City, State			Zip Code
Home Phone No.	Work Phone No.	Cell Phone No.		E-mail Address	
Are you eligible to work in the U.S? (Proof of citizenship or immigration status will be required upon employment.) Yes <input type="checkbox"/> No <input type="checkbox"/>				Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	
In the last seven years, have you been convicted of a crime other than a minor traffic offense? (Criminal convictions may not necessarily automatically disqualify you for employment.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details (dates and locations for all convictions):					
US Military Service? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Discharge:	Skills acquired during military service:			

EMPLOYMENT DESIRED

Position(s) Applying For:	Date you are available to start?	Salary Expected:	Are you seeking employment for: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
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REFERRAL SOURCE

How did you hear about us or the position you are applying for? Advertisement (please indicate what source) <input type="checkbox"/> Employee Referral (please indicate by whom) <input type="checkbox"/> Walk-in <input type="checkbox"/> Recruiter <input type="checkbox"/> Other <input type="checkbox"/>	
Have you ever been employed by this company? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, which company, where and when:
Have you previously made application for employment with ACP, Inc.? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, approximate date and for what position:

EDUCATION AND TRAINING

Name of School and Location	Last Name at Time (if different)	Subject Studied/Major	Graduate?	Degree(s)
High School or GED (name, city and state)			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION AND TRAINING - Continued

Scholastic Honors:	Professional, Trade or Business Organizations:	
Computer Skills, Programming Languages, or Other Software Competencies:		
Language Skills – List those you could use in your work:		
English: Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>	Other: Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>	Other: Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>
Other relevant information, i.e. special skills, experience and/or training that would enhance your ability to perform the position applied for.		

EMPLOYMENT HISTORY – Include at least your last seven years of employment history, starting with the most recent employment first, including periods of unemployment. Please explain any periods of unemployment.

Start Date	End Date	Employer Name	Final Position Title	Telephone Number
Address: Street, City, State, Zip Code:		Last Supervisor's Name/Title	Status: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed	Final Salary:
Reason for Leaving:				
Summarize the nature of work performed and job responsibilities:				
Start Date	End Date	Employer Name	Final Position Title	Telephone Number
Address: Street, City, State, Zip Code:		Last Supervisor's Name/Title	Status: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed	Final Salary:
Reason for Leaving:				
Summarize the nature of work performed and job responsibilities:				
Start Date	End Date	Employer Name	Final Position Title	Telephone Number
Address: Street, City, State, Zip Code:		Last Supervisor's Name/Title	Status: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed	Final Salary:
Reason for Leaving:				
Summarize the nature of work performed and job responsibilities:				

EMPLOYMENT HISTORY - Continued

Start Date	End Date	Employer Name	Final Position Title	Telephone Number
Address: Street, City, State, Zip Code:		Last Supervisor's Name/Title	Status: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed	Final Salary:
Reason for Leaving:				
Summarize the nature of work performed and job responsibilities:				
Start Date	End Date	Employer Name	Final Position Title	Telephone Number
Address: Street, City, State, Zip Code:		Last Supervisor's Name/Title	Status: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed	Final Salary:
Reason for Leaving:				
Summarize the nature of work performed and job responsibilities:				
Start Date	End Date	Employer Name	Final Position Title	Telephone Number
Address: Street, City, State, Zip Code:		Last Supervisor's Name/Title	Status: <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Still Employed	Final Salary:
Reason for Leaving:				
Summarize the nature of work performed and job responsibilities:				

REFERENCES – List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.

Name/Title	Company, Address, Phone, E-mail	Years Acquainted
Name/Title	Company, Address, Phone, E-mail	Years Acquainted
Name/Title	Company, Address, Phone, E-mail	Years Acquainted

APPLICANT'S CERTIFICATION AND AGREEMENT – Please read carefully before signing.

I attest with my signature below that all answers given by me on my Application for Employment are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) as well as any interview for employment, will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for ACP, Inc. to hire me. I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of ACP, Inc. Further, I understand that any employment offered is for an indefinite duration and "at will" and that either ACP, 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 ACP, Inc. has the authority to make any assurance to the contrary.

I authorize ACP, Inc. to contact references provided and former employers (with the exception of a current employer which will only be done with the applicant's permission) for employment reference checks.

I understand that I must successfully pass a post job offer/pre-employment substance screening, physical process (for production related positions) and background/criminal record screening.

I hereby agree to forever release and discharge ACP, Inc. or our agent, and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the receiving and reporting of information.

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Signature

Date

☐ By checking this box you are providing your electronic signature which carries the same legal weight associated with an original signature on a paper document.



VOLUNTARY SELF IDENTIFICATION

Thank you for your interest in job opportunities with ACP, Inc. ACP, Inc. is an Equal Opportunity Employer. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at ACP, Inc. will be based on merit, qualifications, and abilities. ACP, Inc. does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or any other characteristic protected by law.

ACP, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race, ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This form will be detached from the application and will not be considered in the hiring process. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, data will not identify any specific individual.

Gender: ☐ Male (he/him/his) ☐ Female (she/her/hers) ☐ I choose not to provide this information

☐ Gender identity/preferred pronoun information, if different than above: _____

Race/Ethnicity:

- ☐ **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.
- ☐ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **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.
- ☐ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- ☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **I choose not to provide this information**

Veteran Status: If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government Contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

- ☐ I identify as one or more of the classifications of protected veteran listed below.
- ☐ I am not a protected Veteran and I have no military experience.
- ☐ I have military experience, but am not a Protected Veteran.
- ☐ I choose not to provide this information.

Veteran Status Definitions:

Active Duty Wartime or Campaign Badge Veterans - a veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign badge has been authorized, under the laws administered by the Department of Defense.

Armed Forces Service Medal - any 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.

Qualified Disabled Veteran - a veteran of the US military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service related disability.

Recently Separated Veteran - 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.

Printed Name	Signature	Date

☐ By checking this box you are providing your electronic signature which carries the same weight associated with an original signature on a paper document.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want 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

Job Title: _____

Date of Hire: _____