

APPLICATION FOR EMPLOYMENT (PART I of III)

Taylor Forge is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, age, religion or religious creed, non-job related disability or the use of a guide or support animal due to deafness, blindness or physical disability, national origin, ancestry, gender or veteran status or any other characteristic protected under Federal or State law.

This application shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should complete another application at the end of that period.

Personal Information <i>(Please print)</i>	Name (Last, First, Middle):	Date of Application:
	Have you ever worked under another name? If so, enter below:	
	Present Address (Street, City, State, Zip):	Telephone No. with Area Code:
	Permanent Address (If same as above, enter "same"):	Telephone No. with Area Code:
	Are You Available to Work (Check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Overtime <input type="checkbox"/> Temporary	Date Available:
	Position Applying For:	
	Salary Requirements:	

General Information	<i>Please check yes or no.</i>	YES	NO
	Have you ever filed an application with us before? If yes, give date:	<input type="checkbox"/>	<input type="checkbox"/>
	If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever been employed with us before? If yes, give date:	<input type="checkbox"/>	<input type="checkbox"/>
	Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
	May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
	Can you travel if a job requires it?	<input type="checkbox"/>	<input type="checkbox"/>
	If applicable, are you willing to relocate?	<input type="checkbox"/>	<input type="checkbox"/>
	Are any relatives employed with us? If yes, list:	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a felony within the last five years? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>	
Note: A conviction record is not an automatic bar to employment. A conviction will be considered only in relation to specific job requirements. An applicant shall be notified if an adverse decision was based on conviction data.			

Skills/Training	U.S. military skills, experience or training related to the position applied for:
	Special training, skills (such as special machinery, typing, word processing, language skills, etc.) or experiences related to the position applied for which you feel may especially qualify you for work with our company:

Education & History*	Name	Location & Telephone	Course	Graduate	Degree
Education & History*	Elementary:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School/GED:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College/Trade School:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Post-Graduate:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**To be completed only if the position applied for requires a particular education level.*

Work Experience 1	Most Recent Employer:	Address of Employer:	Dated Employed: From: To:
	Telephone of Employer:	Supervisor's Name and Title:	Rate of Pay: Start: Finish:
	Position or Title:	Reason for Leaving:	
	Description of Duties:		

Work Experience 2	Next Previous Employer:	Address of Employer:	Dated Employed: From: To:
	Telephone of Employer:	Supervisor's Name and Title:	Rate of Pay: Start: Finish:
	Position or Title:	Reason for Leaving:	
	Description of Duties:		

Work Experience 3	Next Previous Employer:	Address of Employer:	Dated Employed: From: To:
	Telephone of Employer:	Supervisor's Name and Title:	Rate of Pay: Start: Finish:
	Position or Title:	Reason for Leaving:	
	Description of Duties:		

Business References	Name:	Company:	Address:	Telephone:
	Name:	Company:	Address:	Telephone:
	Name:	Company:	Address:	Telephone:
	Name:	Company:	Address:	Telephone:

Read Carefully Before Signing Below

(Signature required to be considered for employment)

1. I understand that Taylor Forge will consider any requests for accommodations of physical or mental disabilities by an otherwise qualified person at any time before or after employment begins. I understand that Taylor Forge would appreciate as much advance notice as possible regarding request for accommodation, and that documentation of the need for accommodation might be required.
2. I understand that I may be required to submit to skills assessment(s) as a condition of my employment. Satisfactory completion of these assessments is required.
3. I understand that a background check may be performed as a condition of employment. I authorize Taylor Forge and/or its agents to thoroughly request, receive and verify all statements and information contained in my application or resume. I release Taylor Forge from all liability for any damages that may result from doing so. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to Taylor Forge.
4. I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.
5. I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete. I understand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, I will be separated. I understand that all information provided by me on this application or in any interview is subject to verification.
6. I acknowledge that if I am employed by Taylor Forge, my employment will be at-will, that I will be required to follow all rules and regulations of Taylor Forge and that my employment may be terminated with or without cause, with or without notice, at the option of myself or Taylor Forge. No one other than the president, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.
7. I certify that I have read or have had read to me, items 1, 2, 3, 4, 5 and 6 above. I understand the contents and hereby acknowledge receipt of this information.

Applicant Signature: _____

Date: _____

How did you find out about this open position:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Taylor Forge website | <input type="checkbox"/> Walk-in to Taylor Forge location | <input type="checkbox"/> Kansas Works |
| <input type="checkbox"/> Employment website | <input type="checkbox"/> Recruiter/Employment Agency | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Women's Employment Network | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employee referral | <input type="checkbox"/> Kansas Dept of Commerce | |

NOTICE TO APPLICANT (PART II of III)

Please note that all applicants and employees of Taylor Forge Engineered Systems, Inc. are required to submit to and pass a drug screening test as a requirement for employment.

I hereby authorize the release of the results of the test to the designated representative of the Company and/or its designated medical representative(s).

I release the Company, its employees, management, and/or its designated medical representative(s) from any and all claims or cause of action resulting from this test and any decisions resulting therefrom.

I hereby acknowledge that I must receive a negative result in a company requested drug screening as a requirement for employment.

If you are willing and able to comply with this request, we ask that you acknowledge by signing below.

Applicant Signature: _____

Print Name: _____

Job Applying For: _____

Date: _____

NOTICE TO APPLICANT (PART III of III)

CONFIDENTIAL

Taylor Forge Engineered Systems is a government contractor and as such is required to request the subsequent self-identification forms from candidates applying for employment.

- Self-Identification Form (Race/Ethnic and Gender Classifications)
- Voluntary Self-Identification of Protected Veteran Status
- Voluntary Self-Identification of Disability

These forms are received by the Human Resources department for reporting purposes for an active Affirmative Action Plan only. This information is considered confidential and is not a part of hiring decisions.

Taylor Forge Engineered Systems appreciates your assistance in helping us meet our compliance requirements.

SELF-IDENTIFICATION FORM (RACE/ETHNIC AND GENDER CLASSIFICATIONS)

To meet government reporting requirements, applicants and employees are requested to answer the questions below. Please note you are not obligated to self-identify, and any information you voluntarily provide will be kept confidential in accordance with appropriate legislation. Any answers provided or refusal to self-identify will not affect hiring decisions or personnel actions.

Personal Information *(Please Print)*

Last Name	First Name	Middle Initial
Street	City	State
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Specific Job Applied for	

Race/Ethnic Data *(Please check one box only. Do not insert additional groups)*

The following race/ethnic definitions are developed and provided by the Department of Labor.

- Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - **regardless of race.**
- White** **(not of Hispanic or Latino origin)** Persons having origins in Europe, North Africa or the Middle East.
- Black or African American** **(not of Hispanic or Latino origin)** Persons having origins in the black racial groups of Africa as well as Jamaica, Trinidad or the West Indies.
- Asian** **(not of Hispanic or Latino origin)** 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 Alaskan Native** **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander** **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** **(not of Hispanic or Latino origin)** All persons who identify with more than one of the previous five races.
- Do not wish to identify race** If you do not wish to self-identify race/ethnic background, check the box to the left.

Please sign and date form before submitting.

Signature: _____

Date: _____

Printed Name: _____

VOLUNTARY SELF-IDENTIFICATION OF PROTECTED VETERAN STATUS

Government contractors 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), are required 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.

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

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO IDENTIFY

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.

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.

Print Name _____ Signature _____

Job Applied for _____ Date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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
- 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 wheelchair
- Intellectual disability (previously called mental retardation)

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
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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.
