

## Please Print

Date	Last Name	First Name	Middle
Present Address		City	State Zip
Mailing Address (if different from present address):		City	State Zip
Home Phone		Cell Phone	Email Address

## Employment Desired

Position applying for: _____			
Referred by: <input type="checkbox"/> Ad <input type="checkbox"/> Agency <input type="checkbox"/> Employee		Name of Referral _____	
<input type="checkbox"/> Walk In			
Are you applying for: (Please check all that apply.)		<input type="checkbox"/> Regular full-time <input type="checkbox"/> Regular part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
What days and hours are you available for work? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Shifts Please State: _____			
Are you currently on layoff status subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available for work on weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you be available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available for travel, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, on what date can you start work? _____		Salary/Wage desired: _____	

## Personal Information

Have you ever applied to Kelly Spicers? If yes, when: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date _____		
Have you ever worked for Kelly Spicers? If yes, state name(s) and position held. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date _____		Position _____
Do you have any friends or relatives working for Kelly Spicers? If yes, state name(s) and relationship: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____ Relationship _____		
Name _____ Relationship _____		
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country for any employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe the functions that cannot be performed. _____		
_____		
<b>Note:</b> We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, drug screen, employment background check, and skill and agility tests.		

## Education, Training and Experience

EDUCATION	High	College/University	Graduate/Professional
School Name			
Street Address			
City, State, Zip			
Years Completed (circle)	9    10    11    12	1    2    3    4	1    2    3    4
Diploma/Degree			
Describe Course of Study or Major			
Describe Specialized Training, Military Experience, Skills and Extra-Curricular Activities			
List software packages and programs you are able to use proficiently:			
Please list additional experience, training, qualifications or skills which make you especially suited for work at Kelly Spicers:			

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

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Name of Employer	Type of Business	Telephone No.
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Address

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Dates of Employment: \_\_\_\_\_

Your Supervisor's Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

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Reason for Leaving: ☐ Laid Off ☐ Resigned ☐ Discharged Explain: \_\_\_\_\_

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May we contact this employer for a reference? ☐ Yes ☐ No

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Name of Employer	Type of Business	Telephone No.
<hr/>		
Address		
<hr/>		
Dates of Employment:		
Your Supervisor's Name	From	To
Your Position and Duties: <hr/>		
<hr/>		
Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged Explain: <hr/>		
<hr/>		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Name of Employer	Type of Business	Telephone No.
<hr/>		
Address		
<hr/>		
Dates of Employment:		
Your Supervisor's Name	From	To
Your Position and Duties: <hr/>		
<hr/>		
Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged Explain: <hr/>		
<hr/>		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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**Note: Attach additional page(s) if necessary.**

### **Professional References**

List below two persons not related to you who have knowledge of your work performance.

First Name	Last Name	Home	Telephone No
<hr/>			
Address & Street (Optional)	City	Work	Telephone No
<hr/>			
State	Zip	Occupation & Company Name	No. of Years Acquainted
<hr/>			

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## **Professional References** **continued**

First Name	Last Name	Home	Telephone No
Address & Street (Optional)	City	Work	Telephone No
State	Zip	Occupation & Company Name	No. of Years Acquainted

**Please Read Carefully, Initial Each Paragraph, and Sign Below:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for  
Initials employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters  
Initials related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. As part of this investigation, the company will obtain a consumer report from a Consumer Reporting Agency for employment purposes. The company may use information in the consumer report for decisions related to your employment. A copy of the report will be provided to you, free of charge, if you wish.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or  
Initials during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_ I hereby acknowledge that should an offer of employment be made it is a conditional offer contingent upon the  
Initials passing a pre-employment physical, which includes a drug test. I further acknowledge that if employed by Kelly Paper Company, drug tests may be required in the event of a work-related accident.

\_\_\_\_\_ I hereby acknowledge that, if hired, I may be required to sign a company arbitration agreement.  
Initials

\_\_\_\_\_ I hereby acknowledge that if I become employed, in consideration of my employment, I understand that I must  
Initials comply with the rules, regulations, policies and procedures of the Company.

\_\_\_\_\_ Disclosure of Non-competition, Non-disclosure and Non-solicitation

Initials Please check the item that applies to you.

\_\_\_\_\_ I am not bound by any agreements that would limit my ability to work for Kelly Spicers

\_\_\_\_\_ I have previously signed a non-competition, non-disclosure or non-solicitation agreement. I have attached a copy to this document for Kelly Spicers Company to review.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

## VOLUNTARY SELF-IDENTIFICATION FORM

Kelly Spicers is an employer covered by Title VII of the Civil Rights Act of 1964 and a government subcontractor subject to the Vietnam Era Veterans' Readjustment Assistance Act. Federal regulations implementing these laws require Kelly Spicers to solicit information from employees pertaining to their status as women, minorities, veterans of the Vietnam era, recently separated veterans, disabled veterans, Armed Forces Service Medal veterans, and other protected veterans. *Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.* The information will be kept confidential and used by Kelly Spicers only for purposes of its meetings its federal obligations under the laws referenced above. Kelly Spicers maintains a policy of making all employment decisions without regard to race, ethnicity, color, religion, sex, age, national origin, disability or veteran status. If you choose to provide this information, please check those categories that apply to you.

Name: \_\_\_\_\_

Last	First	Middle Initial
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**Voluntary Choice:** (Circle one)      To Self-Identify (please provide information below)

Not to Self-Identify

### Self-Identification Information

**Gender:** (Circle one)      Male      Female

**Race or ethnic identity:** (Circle one)

- |                                     |  |
|-------------------------------------|--|
| Hispanic or Latino                  | A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.   |
| White                               | A person having origins in any of the original peoples of Europe, the Middle East or North Africa (Not Hispanic or Latino).  |
| Black or African American           | A person having origins in any of the black racial groups of Africa (Not Hispanic or Latino).  |
| Native Hawaiian or Pacific Islander | A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands (Not Hispanic or Latino).  |
| 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, or Thailand (Not Hispanic or Latino). |
| American Indian or Alaska Native    | A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment (Not Hispanic or Latino).                                       |
| Two or More Races                   | All persons who identify with more than one of the above races.  |

**Veteran Status:** (Circle all that apply)

- |   |   |
|---|---|
| Disabled Veteran                              | Defined as (a) veterans of the U.S. military, ground, naval or air service who are 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 (b) persons who were discharged or released from active duty because of a service-connected disability. |
| Recently Separated Veteran                    | Defined as any veterans 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  |
| Active Duty Wartime or Campaign Badge Veteran | Defined as veterans 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 Veterans           | Defined as veterans 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.   |

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.<sup>i</sup> 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  
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.

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<sup>i</sup> 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](http://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.