

DEL-TIN FIBER L.L.C. Equal Opportunity Employer

Application for Employment

Date _____

Please complete all spaces and write clearly. If a question does not apply, write "N/A" in the space provided. **This application will not be valid and processed unless completed in full.** You must identify the specific position for which you are applying as this application only applies to that position. The position must be open at the time of the application for the application to be valid. The completed application will be valid for 30 days.

Name _____
Last First MI

Social Security Number _____ - _____ - _____ Telephone Number(s) _____

Present address _____
Number & Street Apt. City State Zip Code

Position applying for: (Be Specific) _____

From your review of the job functions for the position for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation? _____ Yes _____ No

Wage or salary desired: \$ _____ Date available for work: _____

Is there any time of the day or night, or days of the week, including weekends, which you are unable to work?
_____ Yes _____ No If yes, state when: _____

Type of employment desired: Full time _____ Part-time _____

If part-time, please state the number of hours and what days you are available to work: _____

Is there any reason you could not be at work regularly & on time? _____

How were you referred for employment? _____

Have you ever worked for Del-Tin Fiber? _____ Yes _____ No

If yes, please list dates: From _____ To _____

Are you willing to work overtime? _____ Yes _____ No Are you presently employed? _____ Yes _____ No

Are you related to anyone working for Del-Tin Fiber? _____ Yes _____ No

If yes, list the name(s) and relationship: _____

Do you have the legal right to work in the United States? _____ Yes _____ No (If hired, proof of status will be required)

Are you of legal age to work? _____ Yes _____ No

Have you ever been convicted of a crime by a civilian or military court? _____ Yes _____ No

If yes, please provide details: _____

Conviction of a felony is not an automatic bar to employment. All circumstances will be considered.

EMPLOYMENT HISTORY – List each job held. Start with your present or last job. Include military service, significant volunteer activities and summer jobs. If you need additional space, attach a separate sheet.

Employer	Dates: From / To		Work Performed
Address			
Telephone	Hourly Rate / Salary		
Job Title	Starting	Final	Reason for leaving
Supervisor			
Employer	Dates: From / To		Work Performed
Address			
Telephone	Hourly Rate / Salary		
Job Title	Starting	Final	Reason for leaving
Supervisor			
Employer	Dates: From / To		Work Performed
Address			
Telephone	Hourly Rate / Salary		
Job Title	Starting	Final	Reason for leaving
Supervisor			
Employer	Dates: From / To		Work Performed
Address			
Telephone	Hourly Rate / Salary		
Job Title	Starting	Final	Reason for leaving
Supervisor			

Please account for all periods of unemployment longer than three (3) months.

IF YOU ARE APPLYING FOR A POSITION THAT MAY REQUIRE **COMPUTER SKILLS**, PLEASE COMPLETE THE FOLLOWING:

Do you have experience with computers? ___ Yes ___ No. If yes, list programs and/or software packages:

Other office equipment: _____

EDUCATION

Circle highest grade completed in EACH school category:	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate School 1 2 3 4
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SCHOOL NAME & LOCATION	DATES ATTENDED From MO/YR to MO/YR	GRADUATED YES or NO	MAJOR SUBJECT	DEGREE
High School	N/A			
College				
Graduate School				
Business or Trade School				

List any additional work experience, education, skills, information, licenses, certifications, special study or research work relating to the position you have applied for or that is of general interest not listed above:

Please provide additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname: _____

If hired, would you be willing to perform other jobs as needed? ___ Yes ___ No. If no, please explain: _____

Can you travel if the job requires? _____ Yes _____ No

Do you intend to work anywhere else in addition to working at Del-Tin Fiber? ___ Yes ___ No

If so, where? _____

PERSONAL REFERENCES – List three persons who are not relatives, fellow students or former employers.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>
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All applicants are considered for employment without regard to race, color, sex, age, religion, national origin, disability or other protected status.

IMPORTANT: READ CAREFULLY

I HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS TO PROVIDE INFORMATION WITH REGARD TO MY EMPLOYMENT WITH PRIOR EMPLOYERS TO DEL-TIN FIBER.

I hereby authorize all of my prior employers, credit bureaus, the officials of all schools which I have attended or been associated with, any person named on this application blank, all public officials, and any other person or entity to give any information regarding my employment, personal habits, ability, criminal record, or any other relevant information they may have regarding me whether or not it is on their records. I hereby release said employers, schools, public officials and other persons and entities, from any and all liability for any damage whatsoever which might result from their revealing or furnishing this information.

I understand that an investigation may be made whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted, as well as from credit bureaus. This may include information as to character, general reputation, personal characteristics, credit history or mode of living. I know that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of this investigation.

I understand and accept that as a part of the application and employment process, and/or during employment with the Company, I may be asked to submit to physical examinations which may include testing for alcohol and drugs, and/or be fingerprinted, all in accordance with law. By signing this application, I hereby agree to submit to such examinations and release all persons and companies from any liability arising out of such examinations, tests and fingerprints. I further agree that the examining person may disclose to Del-Tin Fiber or its representative the results of same.

If employed, I agree to conform to all policies, practices and procedures of Del-Tin Fiber, and acknowledge that these may be changed, interpreted, withdrawn, or amended by Del-Tin Fiber at any time, at its sole option and without any prior notice to me. I consent and agree that Del-Tin Fiber shall have the right to search my personal property located on its property, along with its desks, closets, et cetera, for the purpose of investigating possible violations of Del-Tin Fiber's rules/policies. This also includes access to my telephone conversations and e-mails or other types of electronic communications.

I further acknowledge that my employment, or any offer of employment, if such is made, may be terminated, with or without cause, and with or without prior notice, at any time, even after acceptance, at the option of Del-Tin Fiber or myself. I understand that no representative of Del-Tin Fiber has any authority to enter into any agreement with me of any nature and do hereby state that none has so been asserted to me by anyone.

I HEREBY STATE THAT ALL FACTS GIVEN ARE CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION ON MY PART IS CAUSE FOR REJECTION OR TERMINATION.

Signature of applicant

Date

Del-Tin Fiber L.L.C. is an Equal Opportunity Employer and a Drug-Free Workplace.

Del-Tin Fiber L.L.C. is a smoke-free workplace and complies with the Arkansas Clean Indoor Air Act of 2006.

INVITATION TO COVERED VETERANS AND DISABLED INDIVIDUALS TO SELF IDENTIFY

Del-Tin Fiber L.L.C. is a government contractor subject to Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 and Section 503 of the Rehabilitation Act of 1973, which requires government contractors to take affirmative action to employ and advance in employment qualified individuals as follows:

_____ **1. Disabled persons;**

_____ **2. Disabled veterans** – a veteran who served in the active military, naval, or air service of the United States who was not dishonorably discharged, and is entitled to compensation (or, but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veteran's Affairs, or was discharged or released from active duty because of a service-connected disability;

_____ **3. Recently Separated Veteran** – a veteran who served in the active military, naval, or air service of the United States who was not dishonorably discharged, and was discharged or released from active duty within the one-year or three-year period;

_____ **4. Armed Forces Service Medal Veterans** – a veteran who served in the active military, naval, or air service of the United States who was not dishonorably discharged, and participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985;

_____ **5. Other Protected Veterans** – a veteran who served in the active military, naval, or air service of the United States who was not dishonorably discharged and served on active duty during a war, or in a campaign or expedition for which a campaign badge has been authorized by the Department of Defense.

If you are one of the above classifications, please **place an X beside** the appropriate classification. **Submission of this information is voluntary and refusal to provide it will in no way be held against you. Any information gathered will be kept confidential**, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of handicapped/disabled persons and regarding necessary accommodations; (ii) first aid and safety personnel may be informed when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials investigating compliance with these laws shall be informed.

Military Service Dates: _____ (Vietnam Veterans only)

War/Campaign/Expedition: _____ (Other Protected Veterans only)

Date of Discharge: _____ (Recently Separated Veterans only)

Signature _____

Date _____

Print Name _____

Voluntary Applicant Data Record

Del-Tin Fiber, LLC is an Equal Opportunity Employer. We do not discriminate in hiring or employment because of race, color, creed, national origin, sex, age, disability or veteran status. Various government agencies request statistical information regarding our hiring practices. **Your cooperation in completing this section is completely voluntary. Any information gathered is strictly confidential. Your answers will in no way be used against you.** Thank you for your cooperation.

Name _____

Date _____

Please Specify Your Sex

Check one

Male	<input type="checkbox"/>
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Female	<input type="checkbox"/>
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I choose not to disclose	<input type="checkbox"/>
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Please Specify Your Race

Check all that apply

1	White	<input type="checkbox"/>
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2	African American or Black	<input type="checkbox"/>
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4	Asian	<input type="checkbox"/>
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5	American Indian or Alaskan Native	<input type="checkbox"/>
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6	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
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7	Two or more races	<input type="checkbox"/>
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OR

I choose not to disclose	<input type="checkbox"/>
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3	Spanish/Hispanic/Latino
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Check one

No	<input type="checkbox"/>
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Yes	<input type="checkbox"/>
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I choose not to disclose	<input type="checkbox"/>
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Voluntary Self-Identification of Disability

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

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.