



Mills Manufacturing Corporation
EMPLOYMENT APPLICATION

MILLS MANUFACTURING CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT AND ANSWER EACH QUESTION ON BOTH SIDES OF THIS APPLICATION FULLY AND ACCURATELY :

Position Desired: _____ Date: ____ / ____ / ____

How did you hear about Mills and what/who prompted you to apply? _____

Why do you want to work at Mills Manufacturing Corporation? _____

Expected starting wage? \$ _____ Expected hourly wage after 1 year? \$ _____ If hired, when can you start? _____

If you could have your choice of any type of work or career, what would it be? _____

Do you have any friends or relatives who work here? If yes, who? _____

APPLICANT PROFILE

Last: _____ First: _____ Middle: _____

Mailing Address (Street or Route)	City	State	Zip Code
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Social Security Number: _____ - _____ - _____ Phone Number (_____) - _____ - _____

Have you ever been employed by Mills or Miltex? Yes No

If yes, when and what job? _____

What are your future goals? _____

Explain what **Dependability** means when you work for someone else _____

The Immigration and Control Act of 1986 makes it illegal for employers to knowingly hire any unauthorized or illegal alien. If hired, can you furnish proof of citizenship, U.S. permanent residency or authorization to work?

Yes No



EDUCATION

	Name of School	How long attended	Course(s) or Degree
High School			
College			
Business School			
Other Training			

Have you ever been convicted of a felony?*(Check Yes or No) If yes, please describe _____

*A conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.

Is there any reason why you would not be able to be at work, on time, everyday?_____ If "yes," explain what might prevent you from being dependable and steadily performing all of the work applied for in this application:_____

EMPLOYMENT HISTORY

Employer Name _____ Job Title & Duties _____
 Address _____
Street Address

 City _____ State _____ Zip Code _____
 Supervisor _____ Reason for Leaving _____
 Employed From _____ to _____
Month/Year Month/Year Full Time Part Time Salary \$ _____

Employer Name _____ Job Title & Duties _____
 Address _____
Street Address

 City _____ State _____ Zip Code _____
 Supervisor _____ Reason for Leaving _____
 Employed From _____ to _____
Month/Year Month/Year Full Time Part Time Salary \$ _____

Employer Name _____ Job Title & Duties _____
 Address _____
Street Address

 City _____ State _____ Zip Code _____
 Supervisor _____ Reason for Leaving _____
 Employed From _____ to _____
Month/Year Month/Year Full Time Part Time Salary \$ _____



PHYSICAL INFORMATION:

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to perform the essential functions of the work for which you are applying. On the other hand, if you want us to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided below and suggest the kind of accommodation that you believe would be appropriate. _____

Are you presently able to perform the essential duties and functions of the work for which you have applied? _____
 If "No" please describe the essential duties and functions which you are **unable** to perform. _____

If the work you are applying requires you to stand for 10 hours per day, can you do it? _____ If "No" please explain: _____

MILITARY SERVICE:

Branch of Service: _____ From _____ To _____ Was discharge honorable? _____
 Duties Performed? _____
 Reserve Status: _____

REFERENCES

NAME	ADDRESS	OCCUPATION	PHONE NUMBER

EMPLOYEE AGREEMENT

I certify that I am 18 years of age or older.

I certify that answers given are true and complete to the best of my knowledge.

I understand that false or misleading information given in my application or interview(s) will result in disqualification from further consideration or immediate termination of employment.

I agree, consent to, and understand that I must submit to and successfully pass a pre-employment drug test which is a condition of my employment with Mills.

I authorize Mills Manufacturing Corporation to investigate all statements contained in this application including former employees, schools, transcripts, references and other information; I release Mills Manufacturing Corporation from any and all liability or damages because of furnishing such information.

EMPLOYEE SIGNATURE

____ / ____ / ____
DATE



Applicant Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore requesting information about the race and gender of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Applicant Name: _____ Date: _____

Position Applied for: _____

MALE ! FEMALE I CHOOSE NOT TO SELF-IDENTIFY

WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

HISPANIC OR LATINO ASIAN (not Hispanic or Latino)

AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

TWO or MORE RACES (not Hispanic or Latino)

I CHOOSE NOT TO SELF-IDENTIFY

This company is also 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), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- 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 VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____