

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DEGREE OR CERTIFICATE EARNED
HIGH SCHOOL			
	SUBJECTS STUDIED		
COLLEGE			
	SUBJECTS STUDIED		
TRADE BUSINESS OR CORRESPONDENCE SCHOOL			
	SUBJECTS STUDIED		

ADDITIONAL AREAS OF STUDY OR TRAINING:

EMPLOYMENT HISTORY

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ PHONE: _____ POSITION: _____ NAME OF SUPERVISOR: _____

PRIMARY RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ PHONE: _____ POSITION: _____ NAME OF SUPERVISOR: _____

PRIMARY RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ PHONE: _____ POSITION: _____ NAME OF SUPERVISOR: _____

PRIMARY RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYMENT HISTORY (CONT.)

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ PHONE: _____ POSITION: _____ NAME OF SUPERVISOR: _____

PRIMARY RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ PHONE: _____ POSITION: _____ NAME OF SUPERVISOR: _____

PRIMARY RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM: _____ TO: _____ EMPLOYER: _____

ADDRESS: _____ PHONE: _____ POSITION: _____ NAME OF SUPERVISOR: _____

PRIMARY RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

(ATTACH ADDITIONAL SHEET IF NEEDED TO REPORT EMPLOYMENT THROUGH THE PAST 10 YEARS)

SKILLS

	BEGINNER	USER	ADVANCED
MICROSOFT SOFTWARE:			
OUTLOOK			
WORD			
EXCEL			
POWER POINT			
DATABASE (SUCH AS ACCESS)			
OTHER SOFTWARE (SPECIFY)			
MULTI-LINE TELEPHONE SYSTEMS			
OFFICE MACHINES:			
COPIER			
FAX			
POSTAGE			
OPERATION OF HEAVY MACHINERY, INDUSTRIAL, EQUIPMENT			

OTHER REVELANT SKILLS, SKILL CERTIFICATIONS, OR EXPERIENCE (INCLUDING VOLUNTEER): _____

GENERAL

Current Driver's License: State _____ # _____

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodations? Yes No

PLEASE READ AND INITIAL EACH STATEMENT

If I am employed by Norlift of Oregon, Inc. (the Company) I will comply with all work-related requirements set forth by the Company. _____

I understand that my employment may be conditioned upon a favorable health evaluation and that a physical examination by a doctor selected by the Company may also be required, to which I hereby agree. _____

I understand that employment will be conditional upon a satisfactory drug test and I hereby consent to the test and to the release of the test results and other relevant medical information to the Company. _____

I understand that if I fail the drug test or refuse to consent to the test and release of information I will not be eligible for employment. _____

I further understand that if I am employed, I will be subject to drug and alcohol testing if there is a reasonable suspicion or reasonable cause to believe that I am under the influence of drugs or alcohol. _____

I certify that all answers to questions in this application and all information in any resume I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts and material omissions may be grounds for denial of employment or discharge if hired. _____

I agree that the employment relationship can be terminated at any time, for any reason, with or without notice, with or without cause by me or by the Company. _____

I understand that no manager or representative of the Company, other than in writing signed by the President of the Company and by me, has any authority to enter into an agreement of employment for any specified period of time or contrary to the above terms. _____

I hereby acknowledge that I have read and understand the above statements. I voluntarily give the Company permission to confirm by personal inquiry, or otherwise, information provided in this application. I release from all liability or responsibility all persons, companies or corporations providing information to the Company about me.

APPLICANT'S SIGNATURE

DATE



Applicant Invitation to Self-identify for EE0-1 Reporting

Norlift of Oregon, Inc. is an Equal Opportunity Employer. We are subject to certain federal equal employment recordkeeping requirements. In order to comply, we request applicants to voluntarily self-identify their gender, race/ethnicity and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

Please complete the following:

Name: _____ **Today's Date:** _____
(PRINT)

Title of Job for which you are Applying: _____

Gender: Male _____ Female _____ I do not wish to disclose _____

Ethnicity/Race: I do not wish to disclose _____

1. Are you Hispanic or Latino? Yes No
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

2. If No to #1, what Ethnicity/Race do you consider yourself to be?
- ___ White - not Hispanic or Latino
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
 - ___ Black or African American - not Hispanic or Latino
(A person having origins in any of the black racial groups of Africa)
 - ___ 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)
 - ___ 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, Central and South America and who maintain tribal affiliation or community attachment)
 - ___ Two or More Races - not Hispanic or Latino
(All persons who identify with more than one of the above five races)

Protected Veteran Status: I do not wish to disclose _____

- Disabled Veteran (entitled to military disability compensation or was discharged or released from active duty because of a service-connected disability)
- Recently Separated Veteran (within the last three years)
- Active Duty Wartime or Campaign Badge Veteran
- Armed Forces Service Medal Veteran

___ 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
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.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
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.

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.