



PREMIER ALLIANCES, INC.

Premier Alliances, Inc., is proud to be an Equal Opportunity / Affirmative Action Employer. It is our policy to abide by all Federal and State Laws prohibiting employment discrimination solely on the basis of a person's race, national origin, religion, age, sex, marital status, disability, veteran status, genetic information, sexual orientation, gender identity, or any other protected characteristics. Premier Alliances, Inc. provides job placement preference to individuals with documented disabilities.

PLEASE TYPE OR PRINT IN INK.

Today's Date _____

Name _____

Email address _____

Address _____

City _____

State _____ Zip Code _____

Day Phone () _____

Home Phone () _____

Position for which you are applying

Check the following options you would consider Full time Part-Time Seasonal

If part-time, specify hours and days

Will you work overtime if required? Yes No

What is your minimum salary requirement? _____

Date available for work _____

Are you bound to another employer that might affect your employment with us?

EDUCATION AND TRAINING

	School Name	City and State	Degree/Course of Study	Degree Received?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job

List any machines, equipment, or software programs on which you are qualified and experienced in operating

List any languages that you speak fluently _____

Do you have a valid driver's license in this state? Yes No



GENERAL INFORMATION

Are you legally eligible for employment in the United States? Yes No **(We E-Verify)**

Are you 18 years of age or older? Yes No

If under 18, state age _____

Were you previously employed by Premier Alliances, Inc. Yes No

If yes, provide dates _____

Which position: _____ Which Division/Location: _____

Are you related by blood or marriage to any other company employee? Yes No

If yes, provide name _____ Relationship _____

During the last ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a felony, excluding misdemeanors, having a penalty of imprisonment or a fine of over \$500? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements). Yes No

If yes, explain _____

Can you perform the essential functions of the job, with or without accommodation? Yes No

If no, explain: _____

EMPLOYMENT HISTORY (List all work experience beginning with the present or most recent job)

NAME OF EMPLOYER	TYPE OF BUSINESS	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POSITION HELD	NAME AND TITLE OF SUPERVISOR		
DATES EMPLOYED (FROM-TO)	REASON FOR LEAVING	LAST SALARY	

BRIEF DESCRIPTION OF DUTIES

NAME OF EMPLOYER	TYPE OF BUSINESS	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POSITION HELD	NAME AND TITLE OF SUPERVISOR		
DATES EMPLOYED (FROM-TO)	REASON FOR LEAVING	LAST SALARY	

BRIEF DESCRIPTION OF DUTIES



PREMIER ALLIANCES, INC.

NAME OF EMPLOYER _____ TYPE OF BUSINESS _____ TELEPHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAY WE CONTACT? YES NO

POSITION HELD _____ NAME AND TITLE OF SUPERVISOR _____

DATES EMPLOYED (FROM-TO) _____ REASON FOR LEAVING _____ LAST SALARY _____

BRIEF DESCRIPTION OF DUTIES

Professional References

NAME	Relationship	PHONE
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____

I certify that all information in this application is correct and best of my knowledge, I also acknowledge & understand that falsifying any information on this application may result in denial of employment.

Signature _____ Date _____

DO NOT WRITE IN THIS BLOCK	
Pre Screen By _____	
Department Interview By _____	
Final Interview By: _____	
Hire: Yes No	
Position _____ Location _____ Shift _____ Starting Wages _____	
Hourly Salary	
Reference Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____	
Comments:	



PREMIER ALLIANCES, INC.

EEO Voluntary Self Identification Form

Premier Alliances, Inc. is subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your gender and ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.**

The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name (Last, Middle, First): _____

Job Title Applied For: _____

Date completed: _____

Gender: Male Female

Please check ONE of the boxes below which corresponds to the ethnicity to which you identify:

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.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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 and South America (including Central 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 races, excluding those who identify themselves as Hispanic or Latino.

If you should have any questions regarding this form, please contact Human Resources.

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
- 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 a 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
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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.

Voluntary Self-Identification of Veterans

Definitions

This employer is a Government contractor 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: (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.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

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.