



660 S. E. Fidalgo Ave.
P. O. Box 943
Oak Harbor, WA 98277
(360) 675-1989 Fax: (360) 675-8811

Application for Employment

New Leaf, Inc. is a nonprofit organization that gives hiring preference to people with significant disabilities. We are an Affirmative Action/Equal Employment Opportunity employer and value workforce diversity.

Date: _____

PERSONAL INFORMATION

Name: _____ Email: _____
Last First Middle

Address: _____
Street City State Zip

Phone: home _____ cell _____

Are you 18 years or older? Yes _____ No _____

Are you either a U. S. citizen or an alien authorized to work in the United States? Yes _____ No _____

Have you ever been convicted of a felony? ** Yes _____ No _____

Describe: _____

** You will not be denied employment solely because of a conviction record, unless the offense impacts the requirements for the job in which you have applied.

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____
(Specify)

Are you employed now? _____ If so, may we inquire of your present employer? _____

Where did you hear about the Position? _____

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EDUCATION	Name and location of school	No. of years attended	Did you graduate?	Subjects studied
High School				
College				
Trade, Business or Correspondence School				

Please list any other qualifications or information that is relevant to the job you are seeking:

FORMER EMPLOYERS: (List below last four employers, starting with the most recent one.)

Date (Month & Year)	Name, address, & phone number of Employer	Salary	Position	Reason for leaving	May we contact this employer?
From: To:					___ Yes ___ No
From: To:					___ Yes ___ No
From: To:					___ Yes ___ No
From: To:					___ Yes ___ No

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone Number	Business	Years Acquainted
1.			
2.			
3.			

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein including previous employers permitted to contact and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Internal policy prohibits the Company from entering into employment contracts unless they are in writing and approved by the Executive Director. Accordingly, I understand that, if hired, my employment and compensation can be terminated with or without notice, with or without cause, at any time, at the option of myself or the Company.

Date:_____

Signature:_____

Voluntary Affirmative Action Data

New Leaf is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Please complete the information requested below. Thank you for your cooperation.

Name: _____

The following information you provide New Leaf is completely voluntary. Please be aware that we are a not-for-profit, affirmative industry that values diversity and that gives preference in hiring to people with disabilities and veterans. Our set-aside federal contracts through the AbilityOne Program (Javits-Wagner-O'Day Act) require that 75% of all direct labor hours go to people with verifiable disabilities.

Date of Birth: _____ Gender: ____ Male ____ Female

Do you have a disability? ____ Yes ____ No

Individuals with disabilities is defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Have you ever been on active duty in the U.S. Armed Forces? ____ No ____ Yes Separation Date: _____

'Protected Veterans' includes active duty wartime or campaign badge veteran(s), disabled veteran(s), Armed Forces service medal veteran(s), or recently separated veteran(s),

☐ **Disabled Veteran**—means (1) 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 (2) A person who was discharged or released from active duty because of a service-connected disability.

☐ **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 law administered by the Department of Defense.

☐ **Recently Separated Veteran**—means a veteran during the three-year period beginning of the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

☐ **Armed Forces Service Medal Veteran**—means any 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 (61 FR 1209).

Ethnic Group:

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

☐ **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 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 five races.

I certify that this information is true and accurate to the best of my knowledge.

Your Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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
- 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

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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.

¹ 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.