

EDUCATION

SCHOOL	NAME/ADDRESS OF SCHOOL	MAJOR	YEARS COMPLETED (1, 2, 3 OR 4)	DID YOU GRADUATE?	DIPLOMA/ DEGREE RECEIVED
COLLEGE				Yes <input type="checkbox"/> No <input type="checkbox"/>	
VOCATIONAL/ TECHNICAL				Yes <input type="checkbox"/> No <input type="checkbox"/>	
HIGH SCHOOL OR GED				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please list any other related training: _____					
Professional licenses/certifications/memberships (e.g., union membership): _____					
Designation (type)	Certification/License #	Year	Reciprocal or Original	State/Sponsor	

PRIOR EMPLOYMENT

Employer:	Phone: ()	From:	To:
Address:		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Address:		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Address:		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	Final Salary/Wages:	

MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

REFERENCES

Name: _____ Title: _____
Address/Phone: _____
Years Known/Nature of Relationship: _____
Name: _____ Title: _____
Address/Phone: _____
Years Known/Nature of Relationship: _____
Name: _____ Title: _____
Address/Phone: _____
Years Known/Nature of Relationship: _____

ADDITIONAL COMMENTS/INFORMATION

Please use this section for any further explanation or information you wish to supply. Be certain to list all heavy equipment, office machines, or any other equipment that you are skilled in operating, related to the job for which you are applying.

If applicable for the job, do you possess a valid driver's license? Yes No If yes, License # _____

Check appropriate endorsements(s) Passenger Transport Air Brakes
 Combination Vehicle Tanker
 Hazardous Materials Double/Triples

APPLICANT'S STATEMENT

The above information is true and complete to the best of my knowledge. Should I be employed by The Kraemer Company, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Kraemer Company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to The Kraemer Company.

I also understand that certain positions at The Kraemer Company may require completion of a drug screen prior to employment, that employment is contingent on a satisfactory drug screen result, and that I may be required to complete a medical exam after employment. The Kraemer Company maintains a smoke-free environment and prohibits smoking in company buildings, shops and field offices.

I understand that this application does not constitute an employment contract of any kind. Should I be employed by The Kraemer Company, I may resign such employment at any time at my discretion with or without prior notice, and The Kraemer Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

Signature of Applicant: _____ Date: _____

Voluntary Self-Identification of Disability

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

CONFIDENTIAL

The Kraemer Company, LLC Equal Employment Opportunity Voluntary Self-Identification – Applicants

Applicant Name: _____ Date: _____

Address: _____

Position(s) Applied for: _____

Our organization is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. Submission of this information is voluntary; refusal to provide it will not subject you to any adverse treatment. Our organization is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary. **The information you provide is strictly confidential and will be maintained separate from your application.**

PLEASE CHECK ONE: Male Female

PLEASE CHECK ONE: Hispanic/Latino Not Hispanic/Latino (if not Hispanic/Latino, please address race below)

INDICATE THE APPROPRIATE RACE GROUP (Response not required if identified as Hispanic/Latino above):

- White Asian American Indian/Alaskan Native
- Black/African American Native Hawaiian/Pacific Islander Two or more races

Government contractors/subcontractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment recently separated veterans, active duty wartime or campaign badge veterans, Armed Forces service medal veterans, disabled veterans and qualified individuals with a disability. The information provided will be held in the strictest confidence, will be maintained separate from your application, and will not be used in a manner inconsistent with the Acts.

Armed Forces Service Medal Veteran

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.

Recently Separated Veteran

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.

Active Duty Wartime or Campaign Badge Veteran

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.

Disabled Veteran

A “disabled veteran” is one of the following:

- A veteran of the U.S. military, ground, naval or air force 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 Sec’y of Veterans Affairs, or
- A person who was discharged or released from active duty because of a service-connected disability.

- I am a protected veteran as defined above
- I am not a protected veteran
- I decline to state

How were you referred to this job?

- Advertisement School/College Employee Referral
- State Job Service Employment Agency Temporary Agency
- Government Agency Walk-in Recruiter
- Veterans Services Other (Please Specify) _____

If you are an individual with a disability or a disabled veteran, feel free to inform us of (1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to perform because of your disability so that you may be considered for any position of that kind, and (2) reasonable accommodations which you would propose to assist you in performing the job properly and safely.