

APPLICATION FOR EMPLOYMENT

Raulli & Sons, Inc.
213 Teall Avenue, Syracuse, New York 13210
Phone: (315) 479-6693

Raulli & Sons, Inc. evaluates applicants based solely on merit. We do not discriminate on the basis of race, gender, national origin, age, marital status, labor affiliation, disability, or any other protected status.

NOTE: If you require more space than provided, please attach separate sheet(s).

TODAY'S DATE:	REFERRED BY:	APPLYING FOR: Δ FULL-TIME Δ PART-TIME Δ TEMPORARY
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PERSONAL:

NAME _____
STREET _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ BUSINESS PHONE _____
PERSONAL E-MAIL ADDRESS _____
BEST TIME TO CALL _____ BEST TIME TO CALL _____

EDUCATION:

NAME AND LOCATION	YEAR GRADUATED OR ENDED	CURRICULUM	NUMBER OF YEARS COMPLETED	DIPLOMA OR DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE				
OTHER				

POSITION(S) DESIRED:

HOURS/DAYS AVAILABLE

EMPLOYMENT (Start with Most Recent including US Military)

EMPLOYER	ADDRESS AND PHONE NUMBER	DATES OF EMPLOYMENT	POSITION HELD	REASON FOR LEAVING	MAY WE CONTACT THEM ?

REFERENCES: Provide at least 2 professional references which are not related to you.

NAME	Professional relationship to you	YEARS KNOWN	TELEPHONE NUMBER

PLEASE ANSWER THE FOLLOWING QUESTIONS: (circle one)

Are you at least 18 years old?	Yes	No
Are you legally allowed to work in the US?	Yes	No
Have you ever applied for employment with us before?	Yes	No
If “yes”, when: _____		
Have you ever been employed with us before?	Yes	No
If “yes”, when: _____		
Are you employed now?	Yes	No
May we contact your present employer?	Yes	No
If hired, do you intend to work simultaneously for another entity?	Yes	No
Are you currently on “layoff status” and subject to recall?	Yes	No
Are you willing to work on non-prevailing rate jobs as well as prevailing rate jobs?	Yes	No
An offer of employment is contingent upon successful completion of a drug and background check. Are you comfortable completing this?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Have you ever been convicted of a misdemeanor?	Yes	No

APPLICANT’S STATEMENT:

I certify that statements made by me on this form are true and correct. I understand that if employed, any false statement on this application can be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: _____ Date: _____



213 Teall Avenue
Syracuse, NY 13210
P 315.479.6693
F 315.479.5514
raulliandsons.com

Equal Employment Opportunity Self Identification Applicant Survey

Applicant Name:

Date:

Position Applied For:

Survey of Race – Ethnic Group and Race

Raulli & Sons, Inc. (the “Company”) is an equal opportunity employer. It has been, and shall continue to be both the official policy and the commitment of the Company, including all its divisions, to further equal employment opportunities in hiring or employment. The Company is committed to the employment and advancement of minorities, females, individuals with disabilities and veterans. No question on this form is intended to secure information to be used for such discrimination. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our Company’s Affirmative Action Plan.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The Company is required by federal regulations to report information as requested below. The information provided will be held in the strictest confidence, will be maintained in a separate file and will not be used in a manner inconsistent with the Acts. You may inform us of your status related to the following data or your change in status at this time and/or any time in the future.

Choose one in each category. See definitions below.

Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Group:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Definitions – Race/Ethnic Groups

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.

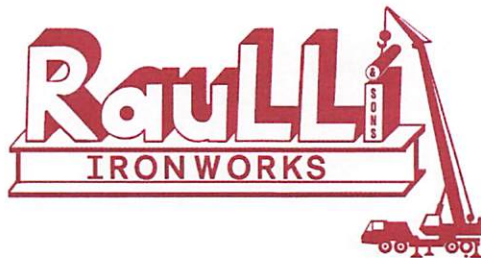
Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

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 maintains 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.



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Applicant Survey Survey of Protected Veteran Status

Applicant Name:

Date:

Position Applied For:

Raulli & Sons, Inc. is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, which requires us 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:

1. A **"disabled veteran"** is one of the following:
 - a. 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
 - b. A person who was discharged or released from active duty because of a service-connected disability.
2. 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.
3. 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.
4. 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.

We request this information to measure the effectiveness or the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- ☐ 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: _____