



## Application For Employment

US Tool Group  
2000 Progress Dr.  
Farmington, MO 63640

Human Resources PH 573-431-3856  
FX 573-760-1275

Please print legibly and answer all questions. You must have two valid forms of ID in order to be considered for employment. All new hires must consent to and pass a drug test before being hired at US Tool Group.

SHIFT PREFERENCE: 1 2 3 (please circle one or more)      DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

POSITION DESIRED:  Manufacturing  Warehouse  Maint./Machine Shop  Building Maint.  Quality

Accounting/System Support  Buyers/Expeditors  Information Technology  Customer Service/Production Control

Human Resources  Product Engineering  Office Administrative Assistant  Supervisory/Management  Tool Crib  Other

SALARY DESIRED \$ \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ARE YOU OVER 18?  YES  NO      DATE YOU CAN BEGIN EMPLOYMENT \_\_\_\_/\_\_\_\_/\_\_\_\_

ARE YOU LEGALLY ABLE TO WORK IN THE US?  YES  NO

Do you use illegal drugs?  YES  NO

Have you ever applied to this company before?  YES  NO

Any physical restrictions that keep you from performing any work for which you have been considered?  YES  NO

Are you currently employed?  YES  NO

May we inquire of your present employer?  YES  NO

List anyone you know working at U.S. Tool \_\_\_\_\_

Who were you referred by? \_\_\_\_\_

EDUCATION	NAME/LOCATION OF SCHOOL	DEGREE	FIELD OF STUDY
HIGH SCHOOL OR TRADE SCHOOL		DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TECH SCHOOL		DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE(S)		DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER TRAINING: SKILLS AND QUALIFICATIONS		DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

US Tool Group

**WORK EXPERIENCE**

PREVIOUS EMPLOYER	ADDRESS	TELEPHONE
START/ LEAVE DATES		REASON FOR LEAVING
JOB TITLE	SUPERVISOR/ TITLE	
DESCRIBE RESPONSIBILITIES		

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DESCRIBE RESPONSIBILITIES		

**REFERENCES**

NAME	TELEPHONE	ADDRESS	RELATIONSHIP

THE FACTS SET FORTH IN MY APPLICATION ARE TRUE AND COMPLETE. I AUTHORIZE MY FORMER EMPLOYERS TO FURNISH ALL INFORMATION PERTAINING TO MY WORK RECORD AND RELEASE THEM FROM LIABILITY IN SUPPLYING THIS INFORMATION. IF EMPLOYED, FALSE STATEMENTS, OMISSIONS OR MISLEADING INFORMATION SHALL BE CAUSE FOR DISMISSAL AT ANY TIME, I MAY NOT HOLD U.S. TOOL GRINDING, INC. LIABLE IN ANY WAY.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## Affirmative Action Information Voluntary

US Tool Group is an Equal Opportunity Employer. All responses are kept confidential within the Human Resources Department and will be used only for necessary information to include in our Affirmative Action Program. We are a company that values diversity.

U.S. Tool Grinding Personnel Department is required to report specific information regarding our applicant pool for Affirmative Action purposes. The information requested below will be kept confidential in accordance with Section 504 of the Rehabilitation Act of 1973 and other applicable federal and state laws. The data provided will be used exclusively for state, federal, and internal reporting and will neither enhance nor detract from your opportunity for employment. This information is being requested on a voluntary basis and the refusal to provide it will not subject you to adverse treatment.

Please complete the information requested below. Thank You for your cooperation.

Name: \_\_\_\_\_  
Last First Middle

1. Ethnic Origin: (defined by OFCCP Order FCCM 78-1/CH1 (formerly Order No. 660al), February 9, 1979);

- (C) **Caucasian, not of Hispanic Origin** (A person having origins in any of the original peoples of Europe, North Africa, or Middle East.)
- (D) **African American, not of Hispanic Origin** (A person having origins in any of the original black racial groups of Africa.)
- (S) **Hispanic** (A person of Mexican, Puerto Rican, Cuban, Central or South Africa, or other Spanish culture, regardless of race.)
- (R) **Asian/Pacific Islander** (A person having origins in any of the original peoples of the Far East, southeast Asia, the Indian subcontinent, or the Pacific Islands.)
- (A) **American Indian/Alaskan Native** (A person having origins in any of the original peoples or North America, and who maintains cultural identification through tribal affiliation or community recognition)
- I do not wish to Self-Identify**

2. Date of Birth (Month/Day/Year): \_\_\_\_\_

3. Sex:  Male  Female

# 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.<sup>i</sup> 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 select one of the options below:

- Do you have a disability?  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  
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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.

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<sup>i</sup> 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](http://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.

## Invitation to Self-Identify Veteran Category Definitions

Recently Separated Veteran Separation Date _____	Any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the US military, ground, naval, or air service
Disabled Veteran	A veteran in the US 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
Active Duty Wartime or Campaign Badge Veteran	A veteran who served on active duty in the US 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
Armed Forces Service Medal Veteran	Any veteran who, while serving on active duty in the US military, ground, naval, or air service, participated in a US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985

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.

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

- RECENTLY SEPARATED VETERAN
- DISABLED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN
- I am a protected veteran, but I choose not to self-identify to classifications to which I belong.
- I am NOT a protected veteran

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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, 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 (1) supervisors and managers may be informed regarding restriction on the work or duties of disabled veterans, and regarding necessary accommodations; (2) 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 (3) 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.