Qualified individuals with a disability have the right to request a reasonable accommodation to our paper application process. If you are unable or limited in your ability to complete the application as a result of your disability, request a reasonable accommodation by contacting John W. Horn/Human Resources Manager at (305) 592-5374 (extension 1158) /email John\_Horn@kellytractor.com and informing us regarding the nature of your request and providing your contact information. Please do not direct any other general employment related questions to this email and/or phone number. Only inquiries concerning a request for reasonable accommodation will be responded to from this e-mail address and/or phone number.



Kelly Tractor Co.

## **Application for Employment**

| Position(s) Applied for  | PLEASE PRINT                         |  |                                     |            |
|--|--------------------------------------|--|-------------------------------------|------------|
| Referral Source   Relative   Government   Employment Agency   Other  | Position(s) Applied for              |  | Date of Application/_               | /          |
| Walk-in  |                                      |  |                                     |            |
| Name of Referral (if applicable)   |                                      | <u> </u>   | <del>_</del>                        | Agency     |
| Name Last First Middle  Address Street City State Zip Code  Telephone Number If necessary, best time to call you is.  May we contact you at work?   Yes   No   If yes, work number and best time to call   Yes   No   Have you filed an application here before?   Yes   No   If yes, give date   Yes   No   If yes, give dates   From   Yes   No   If yes, give dates   From   Yes   No   If yes, give dates   From   Yes   No   If yes of employment eligibility and identity will be required upon employment) Date available for work   Yes   No   Will you relocate if job requires it?   Yes   No   Will you relocate if job requires requirements of the position?   Yes   No   Will you work overtime if required?   Yes   No   Have you obeen convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No   Have you been convicted of a felony in the last seven (7) years?   Yes   No | ∐ Walk-in                            | ☐ Private Employment Agency  | ☐ Other                             |            |
| Address Street City State Zip Code  Telephone Number   | Name of Referral (if a               | pplicable)   |                                     |            |
| Address Street City State Zip Code  Telephone Number   | Name                                 |  |                                     |            |
| Telephone Number   | Last                                 | First  | Middle                              |            |
| Telephone Number   | Address                              |  |                                     |            |
| If necessary, best time to call you is.  May we contact you at work?   | Stree                                | t City   | State Zip Co                        | ode        |
| May we contact you at work?  | Telephone Number                     |  |                                     |            |
| If yes, work number and best time to call _ ( )  | If necessary, best time              | to call you is   |                                     |            |
| If you are under 18, can you furnish a work permit?  | May we contact you at                | work?  |                                     | ☐ Yes ☐ No |
| Have you filed an application here before?   | If yes, work number an               | id best time to call( )  |                                     | : am pm    |
| If yes, give date  | If you are under 18, ca              | n you furnish a work permit?   |                                     | ☐ Yes ☐ No |
| Have you ever been employed here before?   | Have you filed an appli              | ication here before?   |                                     | ☐ Yes ☐ No |
| Have you ever been employed here before?   | If yes, give date                    |  | //                                  | /          |
| Are you eligible for employment in this country?   | Have you ever been ei                | mployed here before?   |                                     | ☐ Yes ☐ No |
| Are you eligible for employment in this country?   | If yes, give dates.                  | From   | / / To /                            | /          |
| Type of employment desired   | Are you eligible for em              | ployment in this country?  |                                     |            |
| Type of employment desired   | Date available for worl              | k  | <u>/</u>                            | /          |
| Will you relocate if job requires it?  | Type of employment de                | esired $\square$ Full Time $\square$ Part Time $\square$                                 | ☐ Temporary                         |            |
| Are you able to meet the attendance requirements of the position?  Will you work overtime if required?  Have you ever been bonded?  Have you been convicted of a felony in the last seven (7) years?  (Such conviction may be relevant if job related, but does not bar you from employment.)  | Are you on lay-off and               | subject to recall?   |                                     | ☐ Yes ☐ No |
| Will you work overtime if required?  Have you ever been bonded?  Have you been convicted of a felony in the last seven (7) years?  (Such conviction may be relevant if job related, but does not bar you from employment.)   | Will you relocate if job             | requires it?   | Will you travel if job requires it? | ☐ Yes ☐ No |
| Have you ever been bonded?   | Are you able to meet th              | ne attendance requirements of the po   | osition?                            | ☐ Yes ☐ No |
| Have you been convicted of a felony in the last seven (7) years?   | Will you work overtime               | if required?   |                                     | ☐ Yes ☐ No |
| (Such conviction may be relevant if job related, but does not bar you from employment.)  | Have you ever been bo                | onded?   |                                     | ☐ Yes ☐ No |
| If yes, please explain:  | Have you been conviction may be rele | ted of a felony in the last seven (7) ye evant if job related, but does not bar you from | ears?employment.)                   | ☐ Yes ☐ No |
|  | If yes, please expla                 | in:  |                                     |            |



Kelly Tractor  $\overline{\mathsf{C}}\mathsf{o}.$ 

# **Employment History**

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

| Employer           | Telephone  | Dates I   | Employed              | Summarize the nature of the work   |  |
|--------------------|--|-----------|-----------------------|------------------------------------|--|
| A 1.1              | ( )  | From      | То                    | performed and job responsibilities |  |
| Address            |  |           |                       |                                    |  |
| Job Title          |  |           | Rate/Salary<br>arting |                                    |  |
| Immediate Sup      | pervisor and Title   | \$        | Per                   |                                    |  |
| Reason for Lea     | aving  |           | l<br>Rate/Salary      |                                    |  |
|                    |  | \$        | inal<br>I Per         |                                    |  |
| May we contac      | ct for reference? Yes No Later   | Ť         |                       |                                    |  |
| Employer           | Tolonhono  | Dates     | Employed              | Summarize the nature of the work   |  |
| Employer           | Telephone<br>( )   | From      | To                    | performed and job responsibilities |  |
| Address            | \  |           |                       |                                    |  |
| Job Title          |  |           | l<br>Rate/Salary      |                                    |  |
| Immodiata Sur      | pervisor and Title   | St<br>\$  | arting<br>I Per       |                                    |  |
|                    | Servisor and title   | Ť         | . 0.                  |                                    |  |
| Reason for Lea     | aving  |           | Rate/Salary<br>Final  |                                    |  |
|                    |  | \$        | Per                   |                                    |  |
| May we contac      | ct for reference?  |           |                       |                                    |  |
| Employer           | Telephone  |           | Employed              | Summarize the nature of the work   |  |
| Address            | ( )  | From      | То                    | performed and job responsibilities |  |
|                    |  |           | <u> </u>              |                                    |  |
| Job Title          |  |           | Rate/Salary<br>arting |                                    |  |
| Immediate Sup      | pervisor and Title   | \$        | Per                   |                                    |  |
| Reason for Leaving |  |           | Rate/Salary           |                                    |  |
|                    |  | \$        | inal<br>Per           |                                    |  |
| May we contac      | ct for reference? Yes No Later   |           |                       |                                    |  |
| Employer           | Telephone  | Dates     | Employed              | Summarize the nature of the work   |  |
| Lilipioyei         | ( )  | From      | To                    | performed and job responsibilities |  |
| Address            | ( )  |           |                       |                                    |  |
| Job Title          |  | Hourly F  | Rate/Salary           |                                    |  |
|                    |  |           | arting                |                                    |  |
| Immediate Sup      | pervisor and Title   | \$        | Per                   |                                    |  |
| Reason for Leaving |  |           | Rate/Salary<br>Final  |                                    |  |
|                    |  | \$        | Per                   |                                    |  |
| May we contac      | ct for reference? Yes No Later   |           |                       |                                    |  |
| Commer             | nts (including explanation of any gaps in employment                                 | )         |                       |                                    |  |
| Clailla            | and Onelitications   |           |                       | <del></del>                        |  |
|                    | and Qualifications   |           |                       |                                    |  |
|                    | rize special skills and qualifications acquired fro<br>you to work with our company. | ın empioy | ment or ot            | her experiences that may           |  |
| quality            | you to work with our company.  |           |                       |                                    |  |
|                    |  |           |                       |                                    |  |
|                    |  |           |                       |                                    |  |

# **Educational Background (if job related)**

**A.** List last three (3) schools attended, starting with last one. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E./F.** Major and minor field of study (if applicable).

| A. School   |                 |                   | D. GPA<br>Class Ran |              |           | F. Minor |
|---|-----------------|-------------------|---------------------|--------------|-----------|----------|
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
| List any foreign language(s) you know and check the                           |                 |                   |                     |              |           |          |
| Language  | Speak<br>Some   | Speak<br>Fluently |                     | Read         | W         | rite     |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
| List name and telephone number of the previous supervisors. If not applicable | rree business,  |                   |                     |              |           |          |
| Name  |                 | Telephone         |                     | Yea          | ars Known |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
| List professional, trade, business, or ci                                     | vic associatio  | ns and any office | s held.             |              |           |          |
| Organization  |                 |                   | 0                   | Offices Held |           |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
| List special accomplishments, publica   | tions, awards   | •                 |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
| List any additional information you we  | oula like us ta | consider          |                     |              |           |          |
|   |                 |                   |                     |              |           |          |
|   |                 |                   |                     |              |           |          |



rion, riacio. Co.

# Acknowledge and Authorization

| 7 toknowiedge and 7 tathonzation  |
|---|
| It is understood and agreed upon that any misrepresentation in this application will be sufficient cause for disqualification of this application and/or my separation from employment.   |
| Further, by signing this application, I give the Employer the right to contact all references and to secure additional information about my qualifications. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

# Affirmative Action Self ID Survey

Applicants and employees are treated without regard to race, color, creed, religion, sexual orientation, gender, national origin, age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with government regulation and affirmative action responsibilities. Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below. The information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

# YOUR COOPERATION IS VOLUNTARY

# INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

| Please complete the following information. Please print.   |
|--|
| Last Name: First Name:   |
| Date: Job Title/Req Number:  |
| Gender  Male  Female   |
| Ethnicity - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or of Spanish culture or origin, regardless of race.)  Yes  No   |
| <ul> <li>Race - If you are not Hispanic or Latino, please select the appropriate race category.</li> <li>White (not Hispanic or Latino) - A person having origins in any of the original peoples or Europe, the Middle East, or North America.</li> </ul>                            |
| ☐ Black of 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 original 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<br>the original peoples of North and South America (including Central America), and who<br>maintains tribal affiliation or community attachment.                                       |
| ☐ Two or More Races (not Hispanic or Latino) - Persons who identify with more than one of the above five races.  |
| I be the completing the information being requested above  Initials  |

### **Invitation to Self-Identify – Pre-Offer**

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:

- 1. 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.
- 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. 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**.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

| Signature (please print name)                    | <br>Date                             |     |
|--|--------------------------------------|-----|
|  |                                      |     |
|  |                                      |     |
|  |                                      |     |
| [ ] I AM NOT A PROTECTED VETERAN                 |                                      |     |
| [ ] I IDENTIFY AS ONE OR MORE OF THE CLASSIFICAT | TIONS OF PROTECTED VETERAN LISTED AB | OVE |

#### **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. 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 Autism
- Cancer
- Epilepsy

- HIV/AIDS
- Muscular
  - dystrophy
- Bipolar disorder
- Deafness
   Cerebral palsy
   Major depression
  - Multiple sclerosis (MS)
- Diabetes Schizophrenia 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 OMB Control Number 1250-0005 Expires 1/31/2020 Page 2 of 2

### **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.

<sup>1</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 <a href="https://www.dol.gov/ofccp">www.dol.gov/ofccp</a>.

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.