

PERSONAL RECORD <i>(Please print or type)</i>					
FULL LEGAL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD					
OTHER NAMES USED IN EMPLOYMENT/EDUCATION			NAME YOU PREFERRED TO BE CALLED		
MAILING ADDRESS (P.O. BOX/STREET NO.)			CITY	STATE	ZIP CODE
HOME NO. ( )	MOBILE NO. ( )		EMAIL ADDRESS (IF ANY)		
POSITION/LOCATION	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP	AVAILABILITY TO BEGIN WORK	WILLING TO WORK VARIABLE SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW DID YOU LEARN ABOUT VEIOVIS?			IF REFERRED, BY WHOM?		
DRIVER'S LICENSE #	DOB	MONTH	DAY	ONLY IF UNDER 18, YEAR OF BIRTH	
If hired, can you furnish proof that you are either a citizen of the United States or otherwise legally authorized to work indefinitely in the United States? <i>(Veiovis does not sponsor individuals towards achieving work authorization or provide practical training opportunities.)</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever applied at Veiovis or its family of companies? If yes, when?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed by Veiovis or its family of companies? If yes, when, what company, and what was your title?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you related to anyone currently employed by Veiovis? If yes, please provide name, relationship and department below:					<input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYEE NAME		DEPARTMENT		RELATIONSHIP	

EDUCATIONAL RECORD			
NAME OF EDUCATIONAL INSTITUTE	LOCATION (CITY/STATE)	COURSE OF STUDY	DEGREE/DIPLOMA
HIGH SCHOOL/GED			
COLLEGE			
COLLEGE			
GRADUATE SCHOOL			
PROFESSIONAL/TECHNICAL SCHOOL			

PROFESSIONAL LICENSES/CERTIFICATES	NUMBER	STATE	EXPIRATION DATE

Have you ever had a professional license or certification suspended, restricted, revoked or not renewed for cause?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been barred from conducting business or professional activities in any jurisdiction? <i>If you answered "yes" to either or both of these questions, please attach a detailed explanation of circumstances.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPLICANT NAME
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### SPECIAL SKILLS

List all skills which demonstrate your qualifications for employment. Please include computer application skills and proficiency level.


### EMPLOYMENT HISTORY

Please thoroughly provide information of the positions you have held in the past seven (7) years beginning with the most recent. You may add additional pages if necessary.

ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>1</b>	CURRENT OR MOST RECENT EMPLOYER		DEPARTMENT
			TELEPHONE (     )
STREET OR MAILING ADDRESS		CITY	STATE    ZIP CODE
<b>EMPLOYMENT DATES</b>	FROM	TO	<b>SALARY (PER HOUR)</b>
			STARTING \$    ENDING \$
BEGINNING TITLE		ENDING TITLE	
IMMEDIATE SUPERVISOR		CURRENT TELEPHONE NUMBER (     )	
REASON FOR LEAVING			

<b>2</b>	PREVIOUS EMPLOYER		DEPARTMENT
			TELEPHONE (     )
STREET OR MAILING ADDRESS		CITY	STATE    ZIP CODE
<b>EMPLOYMENT DATES</b>	FROM	TO	<b>SALARY (PER HOUR)</b>
			STARTING \$    ENDING \$
BEGINNING TITLE		ENDING TITLE	
IMMEDIATE SUPERVISOR		CURRENT TELEPHONE NUMBER (     )	
REASON FOR LEAVING			

<b>3</b>	PREVIOUS EMPLOYER		DEPARTMENT
			TELEPHONE (     )
STREET OR MAILING ADDRESS		CITY	STATE    ZIP CODE
<b>EMPLOYMENT DATES</b>	FROM	TO	<b>SALARY (PER HOUR)</b>
			STARTING \$    ENDING \$
BEGINNING TITLE		ENDING TITLE	
IMMEDIATE SUPERVISOR		CURRENT TELEPHONE NUMBER (     )	
REASON FOR LEAVING			

APPLICANT NAME
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<b>4</b>	PREVIOUS EMPLOYER	DEPARTMENT	TELEPHONE (     )					
	STREET OR MAILING ADDRESS		CITY	STATE	ZIP CODE			
	<b>EMPLOYMENT DATES</b>	FROM	TO	<b>SALARY (PER HOUR)</b>	STARTING \$	ENDING \$	<input type="checkbox"/> FULLTIME	<input type="checkbox"/> PART-TIME
	BEGINNING TITLE			ENDING TITLE			HOURS PER WEEK:	
	IMMEDIATE SUPERVISOR					CURRENT TELEPHONE NUMBER (     )		
	REASON FOR LEAVING							

<b>5</b>	PREVIOUS EMPLOYER	DEPARTMENT	TELEPHONE (     )					
	STREET OR MAILING ADDRESS		CITY	STATE	ZIP CODE			
	<b>EMPLOYMENT DATES</b>	FROM	TO	<b>SALARY (PER HOUR)</b>	STARTING \$	ENDING \$	<input type="checkbox"/> FULLTIME	<input type="checkbox"/> PART-TIME
	BEGINNING TITLE			ENDING TITLE			HOURS PER WEEK:	
	IMMEDIATE SUPERVISOR					CURRENT TELEPHONE NUMBER (     )		
	REASON FOR LEAVING							

**Veiovis embraces diversity.**

In making employment decisions, including hiring and promoting, Veiovis and its family of companies is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, marital status, age, national origin, ancestry, disability, medical condition, pregnancy, veteran status, or any other consideration made unlawful by federal, state, or local laws.

**Veiovis maintains a drug-free and smoke-free environment.**

To meet the spirit and intent of the Drug-Free Workplace Act of 1988, Veiovis and its family of companies may require candidates who receive job offers to pass a drug screen, and, when applicable, a physical examination prior to their start date. All Veiovis buildings are designated as non-smoking areas.

**I certify, by my signature below, that I have been truthful on this application.**

I understand that if I provide any misleading or false statements, verbally or in writing, this action will render my candidate status as ineligible for employment or, if employed, may be cause for immediate termination. In the event I become employed, I agree to conform to all employee rules and regulations. I further understand that Veiovis and its family of companies is an "at will" employer, meaning that (1) the Company and I have the option to terminate my employment at any time, for any reason, with or without cause, and with or without prior notice, and (2) the Company may change my position, title, pay, benefits, and other terms and conditions of employment at will, at any time, for any reason, with or without cause, and with or without prior notice. I also agree that any dispute arising as a result of employment is to be resolved through binding arbitration to the extent permitted by law.

SIGNATURE	DATE OF SIGNATURE
PRINT OR TYPE FULL LEGAL NAME	



# Employment Application

## CONSUMER INFORMATION AUTHORIZATION

(Note to applicant: Initial each section of this form to indicate that you have read each statement.)

APPLICANT'S NAME (PRINT OR TYPE)	SOCIAL SECURITY NUMBER
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### 1. Acknowledgement, Authorization, and Waiver

I release the Company and its partners, stockholders, officers, directors, agents, employees, and affiliates from any and all liability for damages of whatever kind which may arise from or which may be related to any "investigative report" or other background information requested, obtained, or used by the Company, including but not limited to reference and employment information checks, verification of educational history and professional licenses and certifications, social security number verifications, motor vehicle records, and credit checks.

If hired, I further acknowledge that this authorization shall remain on file and shall serve as an ongoing authorization for Veiovis to procure investigative reports at any time during my employment period.

PLEASE INITIAL: \_\_\_\_\_

### 2. Release of Employment Testing and Post-Employment Investigation Results

I hereby authorize Veiovis, to request, obtain, and examine any and all results of employment interviews, skills and assessments, and other similar test results, as well as the results of post-employment investigations of employment complaints and similar investigations.

PLEASE INITIAL: \_\_\_\_\_

### 3. Release of Post-Employment Offer Drug Screen/Physical Results

I hereby authorize Veiovis, to request, obtain, and examine any and all results of my post-offer drug screen and/or physical and do release and hold harmless any party providing such information to Veiovis. I understand that Veiovis may require candidates who receive job offers to pass a drug screen and, when applicable, a physical examination prior to their start date. A urine specimen will be collected at a site selected by the company and tested for drugs at a DHHS/SAMHSA-certified laboratory. The laboratory results of the drug test will be reviewed, reported, and maintained by the Medical Review Officer (MRO) selected by the Company. If the drug test is negative, the MRO will report the test result to the Company. I will be given an opportunity to discuss a positive laboratory test with the MRO before the drug test is reported to the Company as a verified positive. Test results may be released within the Company on a need-to-know basis and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

I hereby agree to voluntarily submit to a drug test and further understand that if said test is verified/confirmed as a positive drug test, I will be considered unqualified for employment with the Company.

PLEASE INITIAL: \_\_\_\_\_

I authorize Veiovis to request, obtain, and examine all of the information requested on this Consumer Information Authorization.	
SIGNATURE	DATE OF SIGNATURE

## 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>1</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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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.

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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.

# Voluntary Self-Identification of Veterans

## Definitions

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:

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.

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.

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.

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.

## Self-Identification

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. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

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

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Veterans

## Reasonable Accommodation Notice

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, including special equipment, changes in the physical layout 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 (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.



**VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which and individual applies. Completion of this survey form is voluntary. The information requested on this sheet is for data purposes only in compliance with various federal and state laws and regulations (e.g. Executive Order 11246, Sections 503 and 504 of the Rehabilitation Act of 1973, Section 2012 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974) and their record keeping requirements. The Company believes that all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment on the basis of race, color, religion, sex, sexual orientation, marital status, age, national origin, ancestry, disability, medical condition, pregnancy, veteran status, or any other consideration made unlawful by federal, state, or local laws.

NAME		TODAY'S DATE	
POSITION APPLIED FOR	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
CITY		STATE	

RACE/ETHNIC DATA						
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Pacific Islander / Native Hawaiian	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> I do not wish to answer

**Explanation of Categories**

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian: 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: 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.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

<p><b>Notice to all applicants:</b> Police and Court Clearances are required after offer of employment. Both Clearances must be up to date within the past 60 days of offer date.</p>
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