



Application For Employment

Ellison Bronze, Inc.

We are an Equal Opportunity-Affirmative Action Employer.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, gender identification/sexual orientation, protected veteran status, disability status, or any other legally protected status.

(Please Print)

What position are you applying for?		Date of Application	
How did you hear about us?			
<input type="checkbox"/> Friend/Relative <input type="checkbox"/> Chautauqua Works <input type="checkbox"/> JCC MIT <input type="checkbox"/> JCC Web Central <input type="checkbox"/> Manufacturers Assoc. <input type="checkbox"/> Indeed <input type="checkbox"/> The Resource Center <input type="checkbox"/> NYS DOL/DV Outreach <input type="checkbox"/> NYS Job Bank <input type="checkbox"/> Chau. County EDU Coalition <input type="checkbox"/> Chau. County V. Service <input type="checkbox"/> Warren County Career Center <input type="checkbox"/> PA Job Gateway <input type="checkbox"/> Chau. County Jobs FB Group <input type="checkbox"/> Other (please explain) _____			
Last Name	First Name	Middle	
Address	City	State	Zip
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? If Yes, give date _____ ☐ Yes ☐ No

Have you ever been employed by us before? If Yes, give date _____ ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) ☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if your job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

(Conviction will not necessarily disqualify an applicant from employment)

If Yes, Please Explain: _____

Employment Experience

Start with your present employer or most recent job.

Employer	Length of Service	
Address	Work Performed	
Telephone Number(s)		
Job Title	Reason For Leaving	
Supervisor		

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Education

	High School	College/University	Vocational/Technical
School Name/Location			
Number Of Years			
Diploma/Degree			
Describe Course Of Study			
Describe any specialized training, apprenticeship, skills, internships, and extra-curricular activities:			
Describe any honors/awards you have received:			

Other:

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from schooling, employment, volunteering, or other experience.

State any additional information you feel may be helpful to us in considering your application:

References

List the name, address and telephone number(s) of three references that are not relatives and are not previous employers.

1.

2.

3.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No Date of Interview ____/____/____ 2nd Interview ☐ Yes ☐ No Date of 2nd Interview ____/____/____
Remarks _____

Hired? ☐ Yes ☐ No Date Began Employment ____/____/____

Job Title _____ Hourly Rate/Salary _____ Department _____

By: _____ Date _____

Notes:

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want 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:

Reasonable Accommodation Notice

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act (ADAAA) are federal laws that require employers with 15 or more employees to not discriminate against applicants and individuals with disabilities and, when needed, to provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they may perform the essential job duties of the position.

It is the policy of Ellison Bronze, Inc. to comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC). Furthermore, it is the company policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment.

This employer is a Federal Government contractor subject to Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (Section 4212), which requires Federal 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.

Our affirmative action policy prohibits discrimination against protected veterans and requires the company to take affirmative action to employ and advance in employment qualified protected veterans at all levels of employment, including the executive level. The following invitation is made pursuant to this policy and the affirmative action obligations required by Section 4212.

Disclosure of this information is completely voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be used only in ways that are consistent with Section 4212. 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.

**INVITATION TO SELF-IDENTIFY
PLEASE ANSWER THE FOLLOWING QUESTIONS**

Please indicate whether you identify as one or more of the following protected veteran categories by checking the appropriate box(es) below.

- ☐ **Disabled Veteran**: (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
- ☐ **Recently Separated Veteran**: 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. Please Enter Discharge or Release Date: __/__/____.
- ☐ **Armed Forces Service Medal Veteran**: 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.
- ☐ **Active Duty Wartime or Campaign Badge Veteran**: a veteran who served 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. If you would like more information on campaigns or expeditions for which a campaign badge has been authorized, please visit: <http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/>.
- ☐ I am not a protected veteran.
- ☐ I prefer not to answer.

In addition to our affirmative action obligations under Section 4212, our company values all forms of military service. If you are not a protected veteran, but would like to disclose your status as a member of the Armed Forces, you may do so below. Are you currently serving, or have you served in the Armed Forces of the United States of America (including the Reserves and National Guard)?

- ☐ Yes.
- ☐ No.
- ☐ I prefer not to answer.

Date: _____

Name: _____

Signature: _____

EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires that we are to determine this information by visual survey and/or other available information.

NAME: _____

DATE COMPLETED: _____

GENDER:

(Please check one of the options below)

_____ Male

_____ Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ 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 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.

___ Native American 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.

___ I do not wish to disclose.