

**PRECISION CUSTOM COMPONENTS EMPLOYMENT APPLICATION**

An Equal Employment Opportunity Employer & VEVRAA Federal Contractor

It is the policy of Precision Custom Components that employment decisions at PCC shall be based only on appropriate combinations of such factors as skill, knowledge, merit, service, and ability to perform the essential functions of the job with reasonable accommodation. These shall be determined, as appropriate, by work and education reviews, interviews, examinations and tests, reference checks and analyses of total job requirements. PCC takes affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veterans status or disability.

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Phone # (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_ Email: \_\_\_\_\_  
Is it acceptable for PCC to leave a voicemail? Yes \_\_\_ No \_\_\_ Best time to contact you: \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Notify in Emergency \_\_\_\_\_  
Name Address Phone

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_  
Have you ever worked for PCC? \_\_\_\_\_ When? \_\_\_\_\_ What Position? \_\_\_\_\_  
Are you at least 18 years old? \_\_\_\_\_  
How were you referred to PCC? \_\_\_\_\_  
Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_  
When? \_\_\_\_\_ Nature of Offense \_\_\_\_\_ Disposition \_\_\_\_\_  
(No applicant will be denied employment solely on the grounds of conviction of a criminal offense.)

**JOB INTEREST**

Specific Job Desired \_\_\_\_\_ Date Available \_\_\_\_\_ Pay Expected \_\_\_\_\_ Hr. \_\_\_\_\_  
Are you willing to work night shifts? Yes \_\_\_ No \_\_\_ Wk. \_\_\_\_\_  
Are you willing to work Saturdays and Sundays? Yes \_\_\_ No \_\_\_ Mo. \_\_\_\_\_

**EDUCATION**

Indicate highest level of schooling completed:  
High School 9 10 11 12 GED College 1 2 3 4 Post College \_\_\_\_\_  
High School \_\_\_\_\_ Location \_\_\_\_\_ Courses \_\_\_\_\_  
College \_\_\_\_\_ Location \_\_\_\_\_ Courses/Degree \_\_\_\_\_  
Business/Technical \_\_\_\_\_ Location \_\_\_\_\_ Courses/Degree \_\_\_\_\_  
Apprenticeship \_\_\_\_\_ Years Completed \_\_\_\_\_ Company \_\_\_\_\_  
Machines you can operate \_\_\_\_\_  
Other education, training, and skills \_\_\_\_\_

**MILITARY**

Branch of U.S. Service \_\_\_\_\_ Rank \_\_\_\_\_ Total Years of Service \_\_\_\_\_  
Special Skills \_\_\_\_\_  
Work Performed \_\_\_\_\_

**REFERENCES**

Employment References (Non-Relatives)

Name Occupation Phone  
Name Occupation Phone  
Name Occupation Phone

**RELATIVES EMPLOYED BY PRECISION COMPONENTS**

Name Relationship Job  
Name Relationship Job

**EMPLOYMENT EXPERIENCE**

Please list first the most recent job, others in order. Account for all time, including unemployment. Use additional sheet if necessary. Failure to complete this section may restrict you from further consideration.

Dates	Employer's Name & Address	1. Job Title 2. Department 3. Name of Supervisor	Describe Major Duties	Wages	Reason for Leaving
From _____ Month _____ Year _____	_____	1. _____ 2. _____ 3. _____	_____	Starting _____ per \$ _____ Final _____ \$ _____ per	_____
To _____ Month _____ Year _____	_____	1. _____ 2. _____ 3. _____	_____	Starting _____ per \$ _____ Final _____ \$ _____ per	_____
From _____ Month _____ Year _____	_____	1. _____ 2. _____ 3. _____	_____	Starting _____ per \$ _____ Final _____ \$ _____ per	_____
To _____ Month _____ Year _____	_____	1. _____ 2. _____ 3. _____	_____	Starting _____ per \$ _____ Final _____ \$ _____ per	_____
From _____ Month _____ Year _____	_____	1. _____ 2. _____ 3. _____	_____	Starting _____ per \$ _____ Final _____ \$ _____ per	_____
To _____ Month _____ Year _____	_____	1. _____ 2. _____ 3. _____	_____	Starting _____ per \$ _____ Final _____ \$ _____ per	_____

Please read the following carefully before signing this Application Form.

I hereby give Precision Custom Components the right to make a thorough investigation into my previous employment, education, and references; and I release from all liability all persons, companies and corporations supplying such information. I release, indemnify and hold harmless Precision Custom Components from and against any and all liability which might result from making such an investigation.

I understand that passing a drug screening is a condition of employment, and that any job offer may be conditional on the satisfactory results of a post-offer medical examination. In the event that I am employed by Precision Custom Components and receive badges, personal protective equipment, tools or other property, upon failure to return the same I hereby authorize my employer to deduct the reasonable values of such lost or damaged property from my wages in payment thereof. If I return said lost property Precision Custom Components agrees to refund the deducted amount.

Compensation paid an employee of Precision Custom Components for services covers inventions and ideas and the undersigned hereby agrees in consideration for such compensation that every invention and idea conceived or developed by him/her during the term of employment, and at least in part arising from or related to any special skills for which he/she is employed, to his/her work assignments, or to Precision Components information obtained in the course of employment, is the property of and shall be promptly disclosed to Precision Custom Components, its successors or assigns, and he/she agrees on request to execute all documents to evidence its title to such invention and improvements and to enable it to patent same in any country; and he/she further agrees not to disclose or use at any time information which is designed by Precision Custom Components as confidential except as required by duties as a Precision Custom Components employee.

I understand that any false answer, statement or representation made by me in this application shall constitute sufficient cause for discharge. I also understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between Precision Custom Components and myself for either employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Precision Custom Components, unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period of time or any specified period of time.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies of Precision Custom Components.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Mail to: Precision Custom Components, LLC  
PO Box 15101  
York, PA 17405

# VOLUNTARY INVITATION TO SELF-IDENTIFY

PCC is an Equal Opportunity Employer and Government contractor subject to affirmative action laws and regulations. These laws require Government contractors to record certain information to be part of an Affirmative Action Program. In extending this invitation, be advised that you are under no obligation to respond, but you may do so in the future if you choose. Responses will remain confidential within the Human Resources Department. PCC actively encourages women and minorities to apply.

Refusal to provide this information will have no bearing on your application for employment and will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department, and will be used only for the necessary information to include in our Affirmative Action Program.

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I do not wish to Self-Identify

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**If you wish to self-identify, please provide the following information:**

**Gender**

Male  Female

**Race or Ethnic Identity**

Hispanic or Latino  White (not Hispanic or Latino)  
 Black or African American (Not Hispanic or Latino)  Asian (Not Hispanic or Latino)  
 Native Hawaiian or Pacific Islander (Not Hispanic or Latino)  American Indian or Alaskan Native (Not Hispanic or Latino)  
 Two or More Races (Not Hispanic or Latino)

Applicant Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Position Applied for: \_\_\_\_\_

# Voluntary Self-Identification of Disability

## 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
- 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 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 1/31/2017  
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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>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 [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 Veteran Status

Precision Custom Components, LLC 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 disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed Forces service medal veterans.

Classes of veterans 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**.

**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.

**Please check one of the boxes below:**

- I identify as one or more of the classifications of protected veterans listed above.
- I am not a protected veteran.

Name (Print) \_\_\_\_\_

Date \_\_\_\_\_