



## CJW CONSTRUCTION, INC. APPLICATION FOR EMPLOYMENT

CJW Constructon, Inc. Company is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, marital status, genetic information, protected veteran status, or any other characteristic protected by law.

### PERSONAL INFORMATION – STANDARD EMPLOYMENT QUESTIONS

*Incomplete, false, or misleading information could disqualify you from further consideration. Please accurately complete all fields, except as noted.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? ☐ Yes ☐ No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  
☐ Yes ☐ No

Have you ever been terminated from employment or asked to resign by an employer?  
☐ Yes ☐ No

If yes, please provide company names and details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Can you work any shift? ☐ Yes ☐ No If no, explain: \_\_\_\_\_

Can you work overtime, including weekends? ☐ Yes ☐ No

Answer the following question only if the job posting requires the information:

Do you possess a valid California Driver License? ☐ Yes ☐ No

### EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_ Hourly rate/Salary desired \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No

If so, may we inquire of your present employer? ☐ Yes ☐ No

### REFERRAL SOURCE

How did you hear about us? ☐ Walk-in ☐ Advertisement ☐ Referral ☐ Other



Have you ever worked for this company before? \_\_\_Yes \_\_\_No

If yes, explain\_\_\_\_\_

Do you know anyone who works for our company? \_\_\_Yes \_\_\_No

If yes, who? \_\_\_\_\_

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			
Certifications, if any			

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	



Immediate supervisor and title	Summarize the nature of work performed and job responsibilities		
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title	Summarize the nature of work performed and job responsibilities		
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

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<b>REFERENCES</b>
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Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for CJW Construction, Inc. to hire me. If I am hired, I understand that either CJW Construction, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of CJW Construction, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given CJW Construction, Inc. true and complete information on this application to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination



process or dismissal from employment with CJW Construction, Inc. I authorize CJW Construction, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. Applications can be emailed to [Hr@cjwconstruction.com](mailto:Hr@cjwconstruction.com)

Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_



## EEO-1 Voluntary Self Identification Form

CJW Construction, Inc. ("Company") is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Company invites employees/applicants to voluntarily self-identify their gender, race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported on the EEO-1 Report, data will not identify any specific individual.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

### GENDER:

☐ Male ☐ Female ☐ Nonbinary

### RACE and ETHNICITY:

Please answer the following question(s) regarding ethnicity/race:

Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?

☐ Yes ☐ No

If you answered "Yes" to the above question, please turn in the form, you do not need to answer the next question. If you answered "No" to the above question, please answer the next question. Please identify your 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 Other 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.

☐ **American Indian 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 maintain 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 choose not to identify**

## 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](http://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:

## **Voluntary Applicant Invitation to Self-Identify as a “Protected” Veteran (VEVRAA) Status**

CJW Construction, Inc. (the “Company”) is a federal 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). VEVRAA requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, other protected veterans, recently separated veterans and Armed Forces service medal veterans. The invitation to self-identify refers to such veterans as “covered veterans.” To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way. 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).

Under the regulations implementing the affirmative action provisions of the Vietnam Era Veterans’ Readjustment Assistance Act (VEVRAA) of 1974 issued by the Office of Federal Contract Compliance Programs (OFCCP), a federal contractor is required to invite applicants and current employees to inform the contractor whether they are veterans belonging to one or more of the categories of veterans covered under VEVRAA who wish to benefit under the contractor’s affirmative action program (AAP) for covered veterans.

In extending this invitation, we advise you that: (a) workers and applicants are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action plan.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

### **How Do You Know If You Are A Veteran Protected by VEVRAA?**

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers categories of veterans from World War II, the Korean conflict, the Vietnam Era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an “Am I a Protected Veteran?” infographic provided by the OFCCP.

- ☐ I identify as one or more of the following classifications of protected veterans:
  - 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 a 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 any 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.

☐ I am not a protected veteran.

☐ I do not wish to answer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_