



Northwest Regional Re-entry Center (NWRRC)

Employment Application

NWRRC is an equal opportunity employer and provides equal employment opportunities to all applicants without regard to race, color, creed, ancestry, national origin, citizenship, sex or gender, gender identity or expression, sexual orientation, marital status, religion, age, disability, genetic information, service in the military, or any other characteristic protected by applicable federal, state, or local laws and ordinances.

Applicant Information

Full Name: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

 City State ZIP Code

Phone: _____ Email: _____

Position Applied for: _____

Are you legally able to be employed in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If hired, verification will be required.
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Are you 18 years of age or over?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Proof of age or a work permit may be required.
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Have you ever worked for NWRRC before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
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Have you ever been convicted of a felony or misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain below.
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In compliance with the federal Prison Rape Elimination Act of 2003 (PREA), applicants are required to answer the following questions. If you choose to not answer these questions, you will be removed from consideration.

Have you EVER engaged in sexual assault and/or sexual harassment in a prison, jail, lock up, community confinement facility, juvenile facility or other institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you EVER been convicted of engaging, or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you EVER been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a history of substantiated sexual harassment issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

What type of position are you seeking?	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> On-call	<input type="checkbox"/> Temporary
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Are you able to meet the attendance requirements of the position? YES NO

Hours available to work	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Date available to start work? _____ Total hours available per week? _____

Education

	Name and location (city and state)	Graduated?		Diploma or Degree received
High School		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College/University		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Additional credentials that would enable you to perform the position, such as certificates:

Most Recent Employment

Company: _____ Phone: _____
 Address: _____ Position: _____
 Duties: _____
 Dates | From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous employer for a reference? YES NO

 Name of Supervisor: _____ Title: _____
 If no, please explain: _____

Company: _____	Phone: _____
Address: _____	Position: _____
Duties: _____	
Duties: _____	
Dates From: _____ To: _____ Reason for Leaving: _____	
YES NO	
May we contact your previous employer for a reference? <input type="checkbox"/> <input type="checkbox"/>	
Name of Supervisor: _____	Title: _____
If no, please explain: _____	

Company: _____	Phone: _____
Address: _____	Position: _____
Duties: _____	
Duties: _____	
Dates From: _____ To: _____ Reason for Leaving: _____	
YES NO	
May we contact your previous employer for a reference? <input type="checkbox"/> <input type="checkbox"/>	
Name of Supervisor: _____	Title: _____
If no, please explain: _____	

If you have obtained any special skills or abilities as a result of service in the military, please describe them here.

References

Please list three professional references.

Full Name: _____	Relationship: _____
Company: _____	Years known: _____
Address (city and state): _____	
Phone: _____	Email: _____
Full Name: _____	Relationship: _____
Company: _____	Years known: _____
Address (city and state): _____	
Phone: _____	Email: _____
Full Name: _____	Relationship: _____
Company: _____	Years known: _____
Address (city and state): _____	
Phone: _____	Email: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Please read carefully, initial each paragraph and sign below:

_____ I hereby authorize NWRRC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I authorize the references I have listed to disclose any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release NWRRC, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and NWRRC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or NWRRC, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and NWRRC's designated representative.

_____ I hereby certify that I have not knowingly withheld any information that might negatively affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that if I have omitted or misstated any material fact on this application or on any document used to secure employment, this shall be grounds to reject this application or discharge me if I am employed, regardless of the time elapsed before discovery.

_____ I certify that I have personally completed this application.

Signature: _____ Date: _____

(Revised 6/2022)

Voluntary Self-Identification Form

OMB Control Number 1250-0005

Name: _____ Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

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:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I have a disability, or have a history/record of having a disability
- No, I don't have a disability, or a history/record of having a disability
- I don't wish 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.

**Voluntary Self-Identification Form
VEVRAA**

Name: _____ **Date:** _____

Why are you being asked to complete this form?

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). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected 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.

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 several 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 OFCCP.

Please check one of the boxes below:

- I identify as one or more of the classifications of protected veteran listed below
- I am not a protected veteran
- I don't wish to answer

What categories of Veterans are "Protected" by VEVRAA?

"Protected" veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

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.

Voluntary Self-Identification Form
EEO-1

Name: _____ Date: _____

Why are you being asked to complete this 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 and Affirmative Action reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires the Northwest Regional Re-Entry Center to determine this information by visual survey and/or other available information.

Please check one of the boxes below:

Gender:

- Male
- Female
- X
- I don't wish to answer

Please check one of the boxes below:

Race/Ethnicity:

- 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 don't wish to answer