

LIST ALL WORK POSITIONS HELD DURING THE PAST 10 YEARS. BEGIN WITH PRESENT OR MOST RECENT EMPLOYMENT.			
DATES EMPLOYED		EMPLOYER NAME AND ADDRESS	
POSITION TITLE AND DESCRIPTION OF DUTIES			
SUPERVISOR'S NAME AND PHONE NUMBER		MAY WE CONTACT HIM/HER FOR A REFERENCE? YES NO	
REASON FOR LEAVING			

DATES EMPLOYED		EMPLOYER NAME AND ADDRESS	
POSITION TITLE AND DESCRIPTION OF DUTIES			
SUPERVISOR'S NAME AND PHONE NUMBER		MAY WE CONTACT HIM/HER FOR A REFERENCE? YES NO	
REASON FOR LEAVING			

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POSITION TITLE AND DESCRIPTION OF DUTIES			
SUPERVISOR'S NAME AND PHONE NUMBER		MAY WE CONTACT HIM/HER FOR A REFERENCE? YES NO	
REASON FOR LEAVING			

PLEASE PROVIDE THE NAMES AND CONTACT INFORMATION FOR THREE REFERENCES.

RELATIONSHIP	NAME	PHONE / E-MAIL
1.	_____	_____
2.	_____	_____
3.	_____	_____

CERTIFICATION OF APPLICANT (READ THIS STATEMENT CAREFULLY BEFORE SIGNING):

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION, INCLUDING THOSE REGARDING MY TRAINING AND EXPERIENCE, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT MAY BE GROUNDS FOR REJECTION OF THIS APPLICATION FROM EMPLOYMENT.

I FURTHER UNDERSTAND AND AGREE THAT, IF EMPLOYED BY CELLTRON, MY EMPLOYMENT RELATIONSHIP ALWAYS WILL BE AT WILL. EITHER CELLTRON OR I CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT PRIOR NOTICE. THIS AT-WILL EMPLOYMENT RELATIONSHIP WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT WITH CELLTRON UNLESS IT IS SPECIFICALLY MODIFIED BY AN EXPRESS WRITTEN EMPLOYMENT AGREEMENT EXECUTED BY THE PRESIDENT OF CELLTRON AND ME. I UNDERSTAND AND AGREE THAT THIS AT-WILL EMPLOYMENT RELATIONSHIP MAY NOT BE MODIFIED BY ANY ORAL PROMISES OR AGREEMENTS BY OR BETWEEN ME AND ANYONE AT CELLTRON NOR CAN IT BE MODIFIED-IMPLIEDLY OR OTHERWISE-BY MY DURATION OF EMPLOYMENT, RECEIPT OF PROMOTIONS, PAY RAISES, OR OTHER SUCH HAPPENINGS.

SIGNATURE OF APPLICANT

DATE

VOLUNTARY SELF-IDENTIFICATION

The information requested below is used by Celltron, Inc. only to maintain records required of employers doing business with the federal government. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH CELLTRON, INC.** If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunities with Celltron, Inc. which is an equal employment opportunity employer.

Name: _____

Date of Application: _____

Job Applied For: _____

Referral Source: _____

Race/Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Two or More Races
- I do not wish to disclose this information**

Gender:

- Male
- Female
- I do not wish to disclose this information**

Veteran Status:

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 the Uniformed Services Employment and Reemployment Rights Act (USERRA). 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.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**
- I AM NOT A PROTECTED VETERAN**
- I DO NOT WISH TO DISCLOSE THIS INFORMATION**

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 VEVRAA.

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 Self-Identification of Disability

Form CC 305
OMB Control Number 1250-0005
Expires 1/31/2017
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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? 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 DO NOT 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
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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.

¹ 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.

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.