



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

WORKFORCE DIVERSITY IS AN ESSENTIAL PART OF USC'S COMMITMENT TO QUALITY AND TO THE FUTURE. WE ENCOURAGE YOU TO APPLY, WHATEVER YOUR RACE, GENDER, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION OR VETERAN STATUS. IF YOU NEED AN ACCOMMODATION TO PARTICIPATE IN THE APPLICATION PROCESS, PLEASE LET US KNOW.

Hiring Policies and Procedures

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX (INCLUDING PREGNANCY), COLOR, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. WE BASE OUR HIRING DECISIONS ON A VARIETY OF FACTORS, INCLUDING SKILLS AND ABILITY TO PERFORM THE JOB, PRIOR EMPLOYMENT EXPERIENCE, EMPLOYMENT REFERENCES AS TO CHARACTER AND WILLINGNESS TO WORK, WILLINGNESS TO ACCEPT THE OFFERED SALARY, AND PERSONAL INTERVIEWS.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____



EMPLOYMENT APPLICATION

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



EMPLOYMENT APPLICATION

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that all statements I have made on this application, on my resume, or other supplementary materials are true and correct. I hereby authorize USC to investigate the accuracy of this information from any person or organization and I release USC and all persons and organizations from all claims or liabilities of any nature arising from such investigations or the supplying of information for such investigations. I acknowledge that any false statement, significant omission, or misrepresentation on this application or supplementary materials will be cause for refusal to hire or, if employment has already begun, for immediate dismissal at any time during the period of my employment.

I will regard and preserve as confidential, and will not divulge to unauthorized persons, or use for unauthorized purposes, either during or after the term of employment, any information, matter or thing of a then classified or private nature connected with the business of USC without the written consent of an officer of USC.

I am in agreement with USC's policy of equal opportunity in all phases of employment without regard to race, gender, color, religion, national origin, sexual orientation, age, veteran's status, marital status, or disability.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice, by both USC or me. I further understand that this application is not, and is not intended to be, a contract of employment and that my at-will employment status cannot be changed except by a written document signed by the President of USC. I further understand that no supervisor, manager, or other employee or representative of USC, other than the President of USC, has the authority change the at-will nature of my employment and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon USC.

I understand that, if offered employment, I will have three days to submit documents to verify my identity and authorization to work for USC and that failure to submit such documents within three days will preclude me from actually beginning employment with USC and may result in withdrawal of USC's offer of employment to me, or, if employment has begun, will result in the termination of my employment. I certify that any documents I furnish to verify my identity and authorization to work for USC will be authentic and will relate to me.

Your signature reflects that you have read and understood all of the above statements and conditions of employment.

Signature: _____ Date: _____



EQUAL EMPLOYMENT OPPORTUNITY SURVEY (Applicant Survey)

As a federal contractor, we must periodically produce statistical analyses of our applicant records. This form ensures full compliance with our policy on Affirmative Action and non-discrimination. Completion of this form is completely voluntary and will help in implementing our affirmative action program.

If you choose not to answer any of the items, you will not be subject to adverse effects. However, we urge you to answer each one and assure you that this information is confidential and will not become a part of your applicant file. If you do not voluntarily self-identify or if you indicate a clearly inappropriate response, identification will be made by visual or other judgmental factors.

| Last Name | First Name | M.I. | Date | Position |
|-----------|------------|------|------|----------|
| | | | | |

I do not wish to Self-Identify

| | | | | |
|--|--|--|--|--|
| GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female | RACE/ETHNIC DATA: Please identify yourself in terms of a racial / ethnic group below. For definitions of groups, refer to the list on reverse side. | | | |
| | Hispanic or Latino <input type="checkbox"/> | If not Hispanic or Latino, please identify yourself by selecting one of the following, as appropriate: White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Indian Subcontinent <input type="checkbox"/> | | |

In addition, 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 2001, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: **Disabled Veterans, Active Wartime or Campaign Badge Veterans, Armed Forces Service Medal Veterans and Recently Separated Veterans.**

If you believe you belong to any of the categories of protected veterans listed above (definitions are included on the reverse side of this form), 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 VETERANS LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO DISCLOSE MY STATUS

SIGNATURE

Self-Identification Descriptions (Applicant Survey)

RACE/ETHNIC ORIGIN:

- H. Hispanic or Latino** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
 - W. White, not of Hispanic Origin** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - B. Black or African American, not of Hispanic Origin** - A person having origins in any of the black racial groups of Africa.
 - A. Asian, not of Hispanic Origin** - A person having origins in any of the original peoples of the Far East, Southeast Asia, including, for example, Cambodia, China, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
- NHOPI. Native Hawaiian or Other Pacific Islander, not of Hispanic Origin** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- AI. American Indian or Alaskan Native, not of Hispanic Origin** - 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.
 - IS. Indian Subcontinent, not of Hispanic Origin** - The Indian Subcontinent includes the countries of India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan.

DISABLED VETERAN:

- If you are entitled to compensation under laws administered by the Secretary of Veterans Affairs for a disability;
- or...
- If you were released or discharged from active duty because of a service-connected disability.

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN:

- If you 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.

ARMED FORCES SERVICE MEDAL VETERAN:

- If you participated in a U.S. military operation, while serving on active duty in the U.S. military, ground, naval or air service, for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

RECENTLY SEPARATED VETERAN:

- If you were discharged or separated from active duty in the U.S. military, ground, naval or air service within the past three years.

Voluntary Self-Identification of Disability

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.

Signature

Today's Date