



EMPLOYMENT APPLICATION

An Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

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 old? (If no, you may be required to provide authorization to work) YES NO

Have you ever been terminated from an employer or asked to resign by an employer? YES NO

If yes, please provide company names and details _____

Can you work any shift? YES NO Can you work overtime, including weekends? YES NO

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES NO

Have you entered into an agreement with any former employer or other party (such as non-competition agreement) that might, in any way, restrict your ability to work for our Company? YES NO

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary Desired _____

Position desired _____

Are you currently employed? _____ If yes, can we contact your current employer? _____

EDUCATION	NAME/LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DEGREE RECEIVED
High School			
College/University			

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. *Incomplete information could disqualify you from further consideration.*

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

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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, please explain

Computer Skills (please describe):

REFERENCES Give the names of three (3) persons not related to you, whom you have know 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 Milton Rents, Inc. (Milton Rents) to hire me. If I am hired, I understand that Milton Rents 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 Milton Rents has any authority to make any assurance to the contrary.

I authorize investigation of statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), reference, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment (2) consent to and compliance with such policy is a condition of my employment; (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I have applied for employment with Milton Rents in a position that requires me to operate an automobile or truck. As a condition of my application being considered, I understand and agree to undergo substance use screening. I understand that if my test results are positive, I shall not be considered further by Milton Rents for a car or truck driver position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by Milton Rents for screening purposes to conduct such screening and to provide the results to Milton Rents and I release Milton Rents an any person affiliated with Milton Rents and any such institution or person conducting the screening, from liability therefor.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature _____

Date: _____

Voluntary Self-Identification of "Protected" Veteran Status

Why are you being asked to complete this form?

1. 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 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.

2. 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 DON'T WISH TO ANSWER

3. 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 the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. 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.

Your Name: _____

Today's Date: _____

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____