



**EMPLOYMENT APPLICATION**  
PLEASE PRINT

NAME LAST	FIRST	MIDDLE		DATE
PRESENT ADDRESS			TELEPHONE	DATE AVAILABLE
POSITION APPLIED FOR			REFERRED BY	PAY EXPECTED

Are you over 18? Yes No

Can you perform the function of the job for which you have applied, with or without reasonable accommodation? Yes No

**EDUCATION**

SCHOOLS ATTENDED	SCHOOL NAME	ADDRESS	LAST GRADE COMPLETED	FIELD OF STUDY	DEGREE EARNED
				MAJOR/MINOR	
HIGH SCHOOL					
VOCATIONAL SCHOOL					
COLLEGE					
ADDITIONAL TRAINING					

**EMPLOYMENT HISTORY** List all employment of one month or more during the last ten years, beginning with current or most recent.

NAME OF FIRM	ADDRESS/TELEPHONE	FROM - TO MO/YR	POSITION HELD & SUPERVISOR	FINAL PAY	REASON FOR LEAVING

Are you willing to have your present employer contacted regarding your qualifications? Yes No

It is the policy of the company to hire only United States citizens and aliens lawfully authorized to work in the United States.

\* We Support a Drug-Free Work Environment \*

HAVE YOU EVER WORKED FOR ANY OTHER DIVISION OF DENALI BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE? DATES:	POSITION
Do you have any relatives working here or at any other Company location?		

## REFERENCES

NAME	ADDRESS/TELEPHONE	YEARS & NATURE OF ACQUAINTANCE

## ADDITIONAL INFORMATION

PLEASE LIST ANY OTHER SPECIAL TRAINING OR SKILLS YOU WOULD LIKE US TO CONSIDER IN REVIEWING THIS APPLICATION:
IF JOB APPLIED FOR IS SKILLED OR CRAFT OR BOTH, LIST SKILL AND THE NUMBER OF YEARS OF FULL-TIME EXPERIENCE.
1. _____ skill _____ years      2. _____ skill _____ years      3. _____ skill _____ years      4. _____ skill _____ years
PLEASE LIST ANY PROFESSIONAL LICENSES, DESIGNATIONS, CERTIFICATIONS, AND/OR MEMBERSHIPS THAT YOU POSSESS:*

\* Please eliminate any organizations which indicate race, religion, national origin, age, sex, veteran status, or disability.

### PLEASE READ CAREFULLY BEFORE SIGNING

*Denali Incorporated is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, individual disability or veteran status.*

*I certify that any information given during the course of applying for a position at Denali Incorporated is true and complete. I authorize Denali Incorporated, to thoroughly investigate my entire former employment history and other references and to verify all data given in my application for employment, related papers or oral interviews. I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for termination if hired regardless of length of employment. I release Denali Incorporated, all affiliated entities and all informants of all liability whatsoever resulting from such investigations.*

*I understand that any offer of employment is contingent upon the passing of a drug and alcohol screen, criminal background check and, if applicable, verification of my Motor Vehicle Driving Record.*

*I also understand that any falsification, deliberate omission or misrepresentation of facts upon this application will be considered just cause for dismissal at the discretion of the company should I become an employee of Denali Incorporated.*

*I understand that Denali Incorporated does not intend to alter, by the words or actions of the Company or its employees, the traditional rule that either the Company or its employees may terminate the employment relationship at any time. I also understand that Denali Incorporated does not intend to create an implied contract between the Company and its employees through the development and dissemination of Company policies, procedures, handbooks or other literature.*

*I have read and understand the above.*

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

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

*This application is used by Denali Incorporated and its subsidiaries, Denali Management, Plasticon Fluid Systems, Containment Solutions, Belco and Ershigs.*

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

## 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.<sup>1</sup> 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	Major depression	Post-traumatic stress disorder (PTSD)
Deafness	Cerebral palsy	Multiple sclerosis (MS)	Missing limbs or partially missing limbs	Obsessive compulsive disorder
Cancer	HIV/AIDS			Impairments requiring the use of a wheelchair
Diabetes	Schizophrenia			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 DON'T 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.

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<sup>i</sup> 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](http://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.



This company is a government contractor. As a result of this coverage, we must comply with Federal and State Equal Employment Opportunity record keeping and reporting requirements. To respond to these obligations, we must request the following information. PLEASE NOTE: Submission of this information is **VOLUNTARY** and refusal to provide it will not subject you to any adverse action. 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.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  Male  Female

**Race/Ethnicity - Please choose one of the following:**

- American Indian or Alaskan Native:** A person having origins in any of the peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** 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.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Two or More Races:** A person having origins in two or more of the above classifications

**Military service:**

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. It would also assist us if you tell us about any special methods, skills and procedures which you may have. If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

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.

- Disabled Veteran:** 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.
- Active Wartime or Campaign Badge:** 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. See attached list.
- Armed Forces Service Medal** 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](#).
- Recently Separated** 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.
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

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