

# THE KENRICH GROUP LLC

## Employment Application



### An Equal Opportunity Employer

The Kenrich Group LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

### APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address					Apartment/Unit #		
City			State		ZIP		
Phone			E-mail Address				
Position Applied for							
Office Location Preference:							
Are you legally authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*Note: The Kenrich Group LLC participates in E-Verify.				
Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
How did you hear about us?							

### EDUCATION

College/University							
Degree							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GPA
College/University							
Degree							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GPA

### DISCLAIMER AND SIGNATURE

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by The Kenrich Group that such employment with The Kenrich Group is at will, for no specified duration and may be terminated by either The Kenrich Group or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of The Kenrich Group or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The Kenrich Group except an Officer of the Company has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by an Officer of The Kenrich Group.

By signing below I acknowledge that I have read, understood, and agree to the above statements.

Signature	Date
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**INVITATION FOR SELF-IDENTIFICATION OF RACE/ETHNICITY**

The Kenrich Group LLC is an Equal Opportunity Employer and we do not discriminate against employees or applicants because of race, color, gender, religion, national origin, disability, veteran status, age, marital status, or any other protected group status as defined by the law. As a federal contractor and in order to comply with our reporting requirements, we are required by law to record certain information regarding race and gender. In order to comply with the laws, we invite you to voluntarily self-identify your race/ethnicity, gender, veteran and disability status.

**In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information as required by law. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.**

Please complete the information requested below. Thank you for your cooperation.

Name:

Date:

Title of job applied for:

**PLEASE CHECK ALL THAT APPLY**

Gender: **Male**  
**Female**  
**Choose not to Identify**

Race or Ethnic Identity: **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish vulture or origin regardless of race.  
**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  
**Black or African American:** A person having origins in any of the black racial groups of Africa.  
**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
**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.  
**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.  
**Two or More Races:** All persons who identify with more than one of the above five races.  
**Choose not to Identify**

## INVITATION FOR SELF-IDENTIFICATION OF VETERAN STATUS

Name:

Date:

The Kenrich Group is also 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 (VEVREE), which required 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
- (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
  - A person who was discharged or released from active duty because of a service-connected disability
- A recently separated veteran is 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 is a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or campaign or expedition for which a campaign badge has been authorized under the laws administered by the U.S. Department of Defense
- An Armed Forces service medal veteran is a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 129845.

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 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 choose not to identify

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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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.<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
- 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 DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

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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.