



## **Employment Application**

**Directions** Please **PRINT, TYPE or WORD PROCESS** all required information for this application. A resume may be attached, but "See Resume" response is unacceptable. Any omissions, deliberate errors or falsification will result in the rejection of this application and your further consideration for employment with United Paradyne Corporation.

This application is valid for 60 days. United Paradyne Corporation is an affirmative action/equal opportunity employer. We are pleased to consider all qualified applicants without regard to race, color, sex, religion, national origin, sexual orientation, gender, age, marital or veteran status, and pregnancy, physical or mental disability. Applicants who are disabled and who may require assistance are invited to advise us of their needs regarding filling out this application; if you are selected for an interview, please advise us in advance of the scheduled interview of any accommodations you may require.

PERSONAL INFORMATION AND DISCLOSURES				
Last Name		First	Middle	Date of Application
Street Address			Home Telephone	
City, State, Zip Code			Work Telephone	
How Long Have You Lived at the Current Address?	Have You Been Employed by UPC Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Position?	Do You Have a Valid Motor Vehicle Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired	Date Available	Authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address	
What Is Your Driver's License Number?	From What State is it Issued?	What is the Expiration Date?	What Type of License and Endorsements Do You Have?	
Have You Ever Served in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Branch of the Military?	When Were You Discharged?	What Was Your Last Held Rank in the Military?	
Have You Had a Security Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Was The Original Date of Clearance?	Which Government Agency Issued the Clearance?	Have You Ever Had a Security Clearance Refused or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary				
Are You Over 18 Years of Age?		Work Hours Desired?	Date Available to Report to Work?	
Are You Available for Overtime?		Can You Work Weekends?		
Can Your Work Overtime Without Prior Notice?		Are You Willing to Relocate if Required for This Position?		
Can You Travel if Required for this Position?	May We Contact Your Present Employer Prior to an Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, your present employer will always be contacted after an offer of employment has been made. Satisfactory references are a condition of employment with United Paradyne Corporation			

<b>EDUCATION</b>					
<b>Level</b>	<b>Name and Location of School (City and State)</b>	<b>Diploma or Degree (Credits Earned if No Degree)</b>	<b>Attendance Dates</b>		<b>Major</b>
			<b>From Mo/Yr</b>	<b>To Mo/Yr</b>	
High School			XXXXXX	XXXXXX	
Trade School or Technical Institute					
College/University*					
College/University*					
College/University*					
Graduate School*					
Other*					

\*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:

Degree: \_\_\_\_\_ Name At Time Earned: \_\_\_\_\_

Scholastic Achievements:

<b>SKILLS AND QUALIFICATIONS</b>
Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, keyboarding, software applications, and foreign languages):

**EMPLOYMENT HISTORY**

Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment (last 10 years is sufficient). Explain any gaps in employment in the "Comments" section below. Attach additional pages if necessary.

<b>Present/Most Recent Employer</b>		<b>Dates Employed</b>		<b>Reason For Leaving</b>	
		<b>From:</b>			
		<b>To:</b>			
Address, City, State and Zip Code		Phone	Immediate Supervisor/Title	Supervisor's Phone	
Job Title		Type of Employment			
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
		<input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
Summarize the Nature of Work Performed and Your Particular Job Responsibilities:					
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>Next Most Recent Employer</b>		<b>Dates Employed</b>		<b>Reason For Leaving</b>	
		<b>From:</b>			
		<b>To:</b>			
Address, City, State and Zip Code		Phone	Immediate Supervisor/Title	Supervisor's Phone	
Job Title		Type of Employment			
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
		<input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
Summarize the Nature of Work Performed and Your Particular Job Responsibilities:					
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>Next Most Recent Employer</b>	<b>Dates Employed</b>  From:  To:	<b>Reason For Leaving</b>	
Address, City, State and Zip Code	Phone	Immediate Supervisor/Title	Supervisor's Phone
Job Title	Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		
Summarize the Nature of Work Performed and Your Particular Job Responsibilities:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Next Most Recent Employer</b>	<b>Dates Employed</b>  From:  To:	<b>Reason For Leaving</b>	
Address, City, State and Zip Code	Phone	Immediate Supervisor/Title	Supervisor's Phone
Job Title	Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		
Summarize the Nature of Work Performed and Your Particular Job Responsibilities:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PLEASE CLARIFY AND GAPS IN EMPLOYMENT AND PROVIDE COMMENTS REGARDING YOUR PREVIOUS EMPLOYMENT IF YOU BELIEVE A NEGATIVE RESPONSE WILL BE PROVIDED BY YOUR PREVIOUS EMPLOYER(S)**

**COMMENTS:**

**REFERENCES**

List three business/work references who are **NOT** related to you and are **NOT** previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known	In What Capacity Did This Person Observe You or Know Your Work

**PROFESSIONAL LICENSES/CERTIFICATIONS**

List any professional license(s) that are related to the position for which you are applying and list state(s) in which licensed:

**MEMBERSHIPS**

List professional, trade, business, or civic associations that you consider relevant to the position for which you are applying (exclude memberships which would reveal sex, race, religion, national origin, age, color, or disability).

ORGANIZATION	OFFICES HELD

**SPECIAL ACCOMPLISHMENTS, PUBLICATIONS AND AWARDS**

Exclude information that would reveal sex, race, religion, national origin, age, color, or disability.

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**OTHER INFORMATION**

**ONLY COMPLETE THIS SECTION IF THE POSITION YOU ARE APPLYING FOR REQUIRES A CRIMINAL BACKGROUND CHECK UNDER FEDERAL LAW.** Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense to include violations of Penal Codes, Vehicle Codes, Welfare and Institutions Codes and the Health and Safety Codes? Omit (1) minor traffic fines and offenses, (2) any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar authority. (A yes response will not necessarily disqualify you from employment.)  Yes  No

If checked yes, please explain below. (Attach separate sheet of paper if required)

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Are you currently out on bail or awaiting trial on any criminal matter?  Yes  No

If checked yes, please explain below:

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Are you bound by any non-solicitation/non-compete/non-disclosure agreement?  Yes  No

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**AGREEMENT**

I attest under penalty of perjury that I am applying for employment in good faith with the intention of accepting a position if offered. I also affirm that the information contained in this application is true, complete, and accurate, and that I have not knowingly withheld or misrepresented any information that might adversely affect my chances for employment.

I authorize investigation of all statements contained in this application form if I am considered for employment. I hereby further authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records. In addition, I hereby release the company, my former employers and all other

persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that misrepresentation or omission of any facts called for herein, receipt of unsatisfactory references, or failure to pass a prescribed medical examination if required for the position, will be sufficient cause for disqualification from employment or for my dismissal from the company's service if I shall have been employed, regardless of the time elapsed before discovery.

I understand that nothing contained in this application or conveyed during any discussion or interview is intended to create any contract of employment. I also understand that any job that I am offered will not be for any set period of time. My employment may be terminated at any time of my own free will or the will of my employer. I further understand that this condition cannot be changed except in writing and then only when signed by me and the company's highest officer and then only where it specifically addresses my "at will" status. I agree that this "at will" condition and the terms of this paragraph will be a part of any employment relationship and that this provision is merged and incorporated by this reference into the terms of any employment I may hold with the company.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Applicant Signature \_\_\_\_\_ Date Application Signed \_\_\_\_\_

**DISCLOSURE OF PUBLIC RECORD INFORMATION**

I understand that California law provides that if the Company obtains information which are matters of public record, and does so without the services of an investigative consumer reporting agency, then I have a right to receive a copy of such information. "Public Records" means records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment. If the Company obtains such information, I will automatically receive a copy unless I specifically decline receiving this information by signing below. Note that even if you decline to receive the information, a copy will automatically be sent to you if an adverse decision is made based on such information.

I specifically decline to receive a copy of any public record described in the above paragraph.

Applicant Signature \_\_\_\_\_ Date Application Signed \_\_\_\_\_



It is United Paradyne Corporation (UPC) policy to provide equal employment opportunity and to advance in employment all qualified individuals without regard to race, color, religion, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, sex, gender identity, gender expression, age (over 40), sexual orientation, or protected veteran status.

The Company is interested in monitoring the effectiveness of our recruitment efforts and the diversity of our workforce. This form has been developed to assist us in these efforts and in collecting data that is required by UPC policies and State and Federal laws, including Executive Order 11246, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, and Section 503 of the Rehabilitation Act of 1973, as amended.

This form, and any data submitted on the form, will be kept separate from your personnel file and will not be accessible by anyone involved with making recommendations or decisions regarding your employment. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary; refusal to complete the form will not adversely affect your employment.

If you have a disability and need accommodation, please contact the Human Resources Department to begin an interactive discussion to identify and provide you a reasonable accommodation.

**Ethnicity.** Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes                      No

**Race.** Regardless of your answer to the above question, you may select one or more of the following categories that apply to you:

CATEGORY	DEFINITION OF CATEGORY
<input type="checkbox"/> <b>American Indian or Alaska Native</b>	A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
<b>Asian</b>	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.
<b>Black or African American</b>	A person having origins in any of the black racial groups of Africa.
<b>Native Hawaiian or Other Pacific Islander</b>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<b>White</b>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<b>Two or More Races</b>	All persons who identify with more than one of the above five races.

**Gender.** Please select one of the following:

Male                      Female

**Protected Veterans.**

**Definition**

UPC 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.

**Self Identification**

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
  - Disabled veteran
  - Recently separated veteran    Date of discharge   
mm/dd/yyyy
  - Active wartime or campaign badge veteran
  - Armed forces service medal veteran
- I am a protected veteran, but I choose not to self-identify the classification to which I belong
- I am not a protected veteran
- I am not a veteran

**Your Name** (Last, First, Middle Initial)

**Today's Date**

**Job/Position**

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

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](http://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

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Cost Center: \_\_\_\_\_