



# CLASEN QUALITY CHOCOLATE

## Pre-Employment Application

CQC is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment and will not be discriminated against on the basis of disability, protected veteran status, race, color, religion, age, genetics, sex, national origin, sexual orientation, gender identity, or any other protected classification.

Position Applied For:	Position Location:	How did you hear about the position?	
Last Name:	First Name	Middle Initial	
Street Address	City	State	Zip Code
Telephone	Email	Date of Application:	

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with Clasen Quality Coatings/Chocolate before? If yes, give date: \_\_\_\_\_ \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed with Clasen Quality Coatings/Chocolate before? If yes, give date: \_\_\_\_\_ \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Proof of employment eligibility will be required upon employment.

Are you related to anyone currently employed at this company? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, who? \_\_\_\_\_ Relationship: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Desired salary range: \_\_\_\_\_

Are you available for work:  Full Time Circle shift preferences: 1 2 3 12-hr/days 12-hr/nights  
 Part Time Please circle: Mornings Afternoons Evenings  
 Temporary Please indicate dates available: \_\_\_\_\_ to \_\_\_\_\_  
Maximum hours/week: \_\_\_\_\_ Minimum hours/week: \_\_\_\_\_

Are you currently on "lay off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony or Are you subject to a pending criminal charge? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Conviction or arrest will not necessarily disqualify an applicant from employment unless we determine the conviction or pending criminal charge is substantially related to the position for which you are applying.)

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree Achieved
High School				
Vocational, Military				
Undergraduate College				
Other (Specify)				

Describe any specialized job-related training, apprenticeship, skills and experience:

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List any job-related certifications, licenses, or registrations:

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List any professional, trade, business, or other job-related activities:

(Please exclude membership which would reveal any protected status.)

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**SPECIALIZED SKILLS:** (Circle all that apply)

Computer      Internet

Fax      Copy Machine      Multi-Line Phone/Voicemail System      E-mail

Excel      Word      Access      Outlook      Powerpoint

Typing WPM: \_\_\_\_\_ Other Software: \_\_\_\_\_

Equipment/Machinery Utilized:

Other:

_____	_____
_____	_____
_____	_____

**WORK EXPERIENCE:** Start with your most recent job. For part-time work, show the average number of hours per week. Indicate any changes in job title under the same employer. Please attach an additional sheet to include other work experience if applicable to the position in which you are applying.

COMPANY NAME \_\_\_\_\_

INDUSTRY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

CITY \_\_\_\_\_

SALARY \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

INDUSTRY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

CITY \_\_\_\_\_

SALARY \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

INDUSTRY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

CITY \_\_\_\_\_

SALARY \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

Give the name of 3 persons, not related to you, that we may contact regarding your past work history and performance.

NAME	PHONE #	RELATIONSHIP	EMPLOYER
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

**APPLICANT'S STATEMENT AND AUTHORIZATION FOR RELEASE:**

I certify the answers given herein are true and complete to the best of my knowledge.

This application for employment shall only be considered for the position/opening for which you have applied.

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Clasen Quality Chocolate is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.**

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in a decision not to hire or discharge. I understand, also, that I am required to abide by all policies and procedures of Clasen Quality Chocolate.

I authorize Clasen Quality Chocolate to conduct investigations and inquiries of my personal, employment, academic, and other related matters as may be necessary for an employment decision. I understand that this investigation will include a reference check with some or all of the employers whom I have identified on the job application, as well as an effort to verify the fact that I have provided complete and accurate information. I hereby authorize all previous employers to disclose the facts of my past employment, titles or positions held, wage and salary history and the reasons for and the circumstances surrounding my separation of employment. In consideration for providing this information, I hereby release, waive and discharge the company, its officers, agents and employees from any and all loss or damage and any claim or damage resulting here from which may arise as a direct or indirect result of the company's statements responding to the reference check.

I have read carefully, understand and agree to the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## VOLUNTARY AFFIRMATIVE ACTION FORM

Clasen Quality Chocolate is an Equal Opportunity Employer. As required by law, Clasen Quality Chocolate must record certain information to be made a part of our Affirmative Action Program. In extending this invitation you are also advised that: (a) 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 to include in our Affirmative Action Program. 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: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

What position did you apply for? \_\_\_\_\_

At which location?  Corporate  Middleton  Watertown  Spanish Springs

Gender:  Female  Male  I do not wish to answer.

### Race or Ethnic Identity:

- Hispanic or Latino  Asian (Not Hispanic or Latino)  
 White (Not Hispanic or Latino)  American Indian or Alaska Native (Not Hispanic or Latino)  
 Black or African American (Not Hispanic or Latino)  Two or More Races (Not Hispanic or Latino)  
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)  I do not wish to answer

### Veteran Status: (Please check one) *Definitions on next page*

- I identify as one or more of the classifications of protected veteran listed on the next page  
 I am not a protected veteran  
 I do not wish to answer

### Disability Status: (Please check one) *Definitions on next page*

- Yes, I have a disability (or previously had a disability)  
 No, I do not have a disability  
 I do not wish to answer

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Return completed forms to HR@cqc.com, 608-241-4304 (fax) or  
CQC, Attn: HR, 5126 W Terrace Dr, Madison, WI 53718

**Invitation to Self-Identify Under the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.**

CQC is a Government subcontractor 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 subcontractors 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:

**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.

**Recently Separated Veteran:** a 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.

**Active Duty Wartime Or Campaign Badge Veteran:** 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.

**Armed forces service medal veteran:** 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.

- If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box above. As a Government subcontractor 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.

- 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.

- 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.

**Voluntary Self-Identification of Disability Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020**

**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\*. 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 • Deafness • Cancer • Diabetes • Epilepsy • Autism • Cerebral palsy • HIV/AIDS • Schizophrenia • Muscular dystrophy • Bipolar disorder • Major depression • Multiple sclerosis (MS) • Missing limbs or partially missing limbs • Post-traumatic stress disorder (PTSD) • Obsessive compulsive disorder • Impairments requiring the use of a wheelchair • Intellectual disability (previously called mental retardation)

**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.

Reasonable accommodation requests should be directed to [hr@cqc.com](mailto:hr@cqc.com) or 608-467-1130, option 7.

\*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 [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.