



# 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 Select a shift preference: 1 2 3 12-hr/days 12-hr/nights  
 Part Time Please select: 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:** (Check 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. 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 \_\_\_\_\_

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

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

FT / PT  
*Select One*

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

REASON JOB ENDED: \_\_\_\_\_ VOLUNTARY or INVOLUNTARY  
*Select One*

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

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

INDUSTRY \_\_\_\_\_

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

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

CITY \_\_\_\_\_

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

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

FT / PT  
*Select One*

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

REASON JOB ENDED: \_\_\_\_\_ VOLUNTARY or INVOLUNTARY  
*Select One*

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

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

INDUSTRY \_\_\_\_\_

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

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

CITY \_\_\_\_\_

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

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

FT / PT  
*Select One*

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

REASON JOB ENDED: \_\_\_\_\_ VOLUNTARY or INVOLUNTARY  
*Select One*

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, minorities, veterans, and individuals with disabilities 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  Milton

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 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

\_\_\_\_\_  
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 05/31/2023**

**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 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:*

- Autism • Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/Aids • Blind or low vision • Deafness • Cancer • Cardiovascular or heart disease • Celiac disease • Cerebral palsy • Deaf or hard of hearing • Depression or anxiety • 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

**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.

**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.

## CONFIDENTIALITY AGREEMENT

Clasen Quality Chocolate, Inc. ("Company") and \_\_\_\_\_ ("Candidate"), desiring to set forth their understandings regarding Candidate's restrictions from using and disclosing the confidential or proprietary information of Company, agree as follows:

1. Consideration. Candidate acknowledges that Candidate is currently being considered for a job opportunity with Company. As part of the interviewing process, Company will provide Candidate with Company's Confidential Information and/or trade secrets. Execution of this Confidentiality Agreement ("Agreement") is a condition of Candidate being provided with this information and being considered for the job opportunity. Candidate acknowledges that this consideration is sufficient to compensate Candidate fully and adequately for agreeing to the restrictions contained herein.

### 2. Confidential Information.

2.1 Definitions. For purposes of this Agreement, "Confidential Information" means confidential and proprietary information that is possessed by or developed for Company and/or its related entities and that relates to the business or technology of Company and/or its related entities, including but not limited to compounds, formulations, recipes, strategic plans, methods, products, procedures, processes, techniques, designs, job organization systems, business plans and strategies bidding strategies, technical developments, pricing and cost information, negotiation strategies, sales strategies and plans, training information and materials, customer or potential customer lists, information generated for customer engagements, and other similar confidential and proprietary information. Confidential Information also includes information received by Company from others which Company has an obligation to treat as confidential, including information obtained in connection with customer engagements. Confidential Information shall not include information that is or becomes available to the public through no wrongful act or omission of Candidate or any other person under a duty of confidentiality to Company.

2.2 Nondisclosure. Candidate agrees that until the first to occur of (i) such time as the Confidential Information becomes generally available to the public through no fault of Candidate or any other person under a duty of confidentiality to Company, (ii) such time as the Confidential Information no longer provides a benefit to Company, or (iii) the 24-month anniversary of Candidate's interview with Company, Candidate will not, directly or indirectly, in any capacity, use or disclose, or cause to be used or disclosed, in any geographic area in which or to any person or entity to which such use or disclosure could harm the business interests of Company, any Confidential Information. This provision does not prohibit Candidate's use of general skills acquired prior to Candidate's interview with Company, as long as such use does not involve the use or disclosure of Confidential Information or Company trade secrets.

### 3. Trade Secrets.

3.1 Protection of Trade Secrets. Notwithstanding the provisions of paragraph 2, the parties agree that nothing in this Agreement shall be construed to limit or negate any statutory or common law of torts or trade secrets, where such law provides Company with broader protection than that provided in this Agreement.

3.2 Notification of Trade Secret Rights. Candidate will be immune from criminal and civil liability under any federal or state trade secret law for any disclosure of the Company's trade secret(s) that is made (i) in confidence to an attorney or to a federal, state or

local government official solely for the purpose of reporting or investigating a suspected violation of law and/or (ii) in a complaint or other document filed in a lawsuit or other proceeding, provided such filing is made under seal. If Candidate files a lawsuit alleging retaliation by the Company for reporting a suspected violation of law, Candidate may disclose the relevant trade secret to Candidate's attorney, and may use the trade secret information in the court proceeding, provided (i) any filing containing the trade secret is made under seal, and (ii) Candidate does not disclose the trade secret, except pursuant to a court order.

4. Specific Performance. Candidate acknowledges and agrees that irreparable injury to Company may result in the event that Candidate breaches any covenant in this Agreement, and that the remedy at law for the breach of any such covenant will be inadequate. If Candidate engages in any act in violation of any provision of paragraph 2.2, or 3, Candidate agrees that Company shall be entitled, in addition to such other remedies and damages that may be available to it by law or under this Agreement, to injunctive relief to enforce such provisions without the necessity of posting a bond.

### 5. Miscellaneous.

5.1 This Agreement does not constitute a guarantee of an offer of employment to Candidate. All provisions in this Agreement, including subparagraphs, are severable, and the unenforceability of any provision shall not affect the enforceability of any other provision. Company may assign this Agreement to a successor entity without notification to, or the consent of, Candidate. No waiver of rights under this Agreement shall be effective unless made in writing with specific reference to this Agreement.

5.2 Candidate acknowledges and agrees that Candidate has carefully read this Agreement, understands its contents, has been given the opportunity to ask any questions concerning the Agreement and its contents, and has signed this Agreement as Candidate's free and voluntary act. This Agreement may not be modified orally or by conduct. Any modification of this Agreement must be in a writing that refers to this Agreement and is signed by both parties.

5.3 Candidate acknowledges that if Candidate breaches this Agreement, then, to the extent permitted by law, Candidate will be liable to Company for the costs incurred in enforcing its rights under this Agreement, including Company's reasonable attorneys' fees.

**NOTICE: DO NOT SIGN BELOW IF YOU DO NOT UNDERSTAND THIS AGREEMENT. BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU UNDERSTAND AND ACCEPT THIS AGREEMENT.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Name]

\_\_\_\_\_  
Signature