



# 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
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 Days Nights *choose one*

Part Time

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:** (Mark 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:

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**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 \_\_\_\_\_  
MM/YY MM/YY

CITY, STATE \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FT PT  
*select one*

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

REASON JOB ENDED: \_\_\_\_\_ VOLUNTARY INVOLUNTARY  
*select one*

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

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

INDUSTRY \_\_\_\_\_

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

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
MM/YY MM/YY

CITY, STATE \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FT PT  
*select one*

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

REASON JOB ENDED: \_\_\_\_\_ VOLUNTARY INVOLUNTARY  
*select one*

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

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

INDUSTRY \_\_\_\_\_

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

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
MM/YY MM/YY

CITY, STATE \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FT PT  
*select one*

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

REASON JOB ENDED: \_\_\_\_\_ VOLUNTARY 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 had one in the past  
No, I do not have a disability and have not had one in the past  
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.**

**Why are you being asked to complete this form?**

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 protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way. 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).

**How Do You Know if You Are a Veteran Protected by VEVRAA?**

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990, to the present. If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box. The categories are defined below and explained further in an "Am I a Protected Veteran?" infographic provided by OFCCP.

**What Categories of Veterans are "Protected" by VEVRAA?**

"Protected" veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

(1) A "disabled veteran" is one of the following: (a) 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; (b) or a person who was discharged or released from active duty because of a service-connected disability.

(2) 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.

(3) 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.

(4) 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.

**Voluntary Self-Identification of Disability Form CC-305 OMB Control Number 1250-0005 Expires 04/30/2026**

**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 one. People can become disabled, so we need to ask this question at least every five years.
- Completing this form is voluntary, and we have that you choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?**

A disability is a condition that substantially limits one or more of your "major life activities." If you have or ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to:

- Alcohol or other substance abuse disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/Aids
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

**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.