



1800 Industrial Highway
 York, PA 17402
 Phone: 717-755-9030
 Fax: 717-757-1969

EMPLOYMENT APPLICATION

Walton and Company is an equal opportunity employer dedicated to a policy of non-discrimination in employment without regard to race, color, religion, creed, gender, ethnicity, national origin, age, physical and mental disability, genetic information, ancestry, sexual orientation, pregnancy, marital, veteran or any other legally protected status. We value the contribution that the diversity of applicants can bring to Walton & Company. If you require assistance or a reasonable accommodation in completing this application or any aspect of the application process, including interviewing, please contact a representative of the Human Resources Department.

Job You Are Applying For:				Date of Application:	
Last Name		First Name		Middle Name	
Street Address		City	State	Zip Code	How long have you lived at this address?
Home Phone Number	Cell Phone	E-mail Address			
<i>How did you hear about Walton?</i> Newspaper Ad _____ Walton employee (their name) _____ Relative _____ Friend _____ Employment Agency _____ Other _____					

ANSWER THE FOLLOWING QUESTIONS COMPLETELY
 Incomplete applications will not be considered

1. Best time to contact you at home is _____ AM / PM 2. Have you ever submitted an application with us before? _____ YES _____ NO (If YES, give date) _____ 3. Have you ever been employed with us before? _____ YES _____ NO (If YES, give dates) _____ 4. Do you have friends or relatives, other than spouse, that work here? _____ YES _____ NO _____ 5. Are you currently employed? _____ YES _____ NO May we contact your present employer? _____ YES _____ NO 6. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (<i>Proof of citizenship or immigration status will be required upon employment</i>) _____ YES _____ NO 7. If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ YES _____ NO 8. Have you ever been discharged or asked to resign from any employment? _____ YES _____ NO (If YES, Please explain) _____ 9. Can you comfortably lift 50 pounds, with or without accommodation, if the job requires it? _____ YES _____ NO 10. Can you travel if job requires it? _____ YES _____ NO Do you have reliable transportation? _____ YES _____ NO 11. What is your minimum salary requirement? \$ _____ per _____ (Do not leave blank) 12. Do you want to work _____ Full-Time _____ Part-Time _____ Temporary 13. What date are you available to work? _____ 14. If Temporary, please indicate dates available _____ / _____ / _____ to _____ / _____ / _____
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Describe any specialized training, apprenticeship, and skills.

Describe any job-related training received in the United States Military Service.

List any Licenses or Certifications that you currently have.

List any professional, trade, business or civic activities and offices held.

(Exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or any other protected status)

ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and qualifications acquired from past employment or other experience.

Sheet Metal	Plumbing / Pipefitting	Welding	Machine Operation
Computers	Additional information you feel may be helpful in considering your application:		

SPECIALIZED SKILLS

BUSINESS/WORK REFERENCES *Do not include previous supervisors or family members.*

Name	Relationship to You	Phone Number	Best Time to Call	Title
1.				
2.				
3.				

EDUCATION

Do you have a high school diploma or general education diploma (GED)? _____ **YES** _____ **NO**

If no, how many years of high school have you completed? _____ **Years**

Additional Schooling	Name & Address of School	Number of Years Completed	Course of Study	Diploma or Degree
Vocational/Trade				
College				
Other				

WORK EXPERIENCE

Start with your *present* or *most recent* job. Include any job-related military service assignments and volunteer activities. Exclude organizations that would reveal gender, race, religion, national origin, age, ethnicity, disability or any other protected status.

NOTE: The following sections must be filled out completely - even if you are submitting a resume.

Employer:	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer:	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
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Employer:	Dates Employed		Work Performed
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Employer:	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

COMMENTS: Include explanation of any gaps in employment or periods of self-employment.

APPLICANT STATEMENT (Please read carefully)

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I understand that this application remains current for only 30 days. At the conclusion of that time, If I have not heard from Walton & Company and still wish to be considered for employment, it will be necessary for me to inquire as to whether or not applications are being accepted at that time and to reapply and fill out a new application.

I expressly authorize, without reservation, Walton & Company, Inc. and its representatives to contact, obtain, and verify the accuracy of all information contained in this application from previous employers, educational institutions, public agencies, licensing authorities, court records and references. I authorize anyone possessing this information to furnish it to Walton & Company, Inc. or a third-party company upon request. I hereby release from liability Walton & Company, Inc. for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, to make employment decisions and all other persons, corporations or third-party organizations for providing such information about me.

I understand that any misrepresentation or material omission made by me on this application or in any interview will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I understand that this application is not an offer of employment and that by completing this form, I am not guaranteed employment.

I understand that nothing in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for providing any benefit. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either Walton & Company, Inc. or I can terminate the relationship at will, with or without cause, at any time, for any reason. I understand that only the President of the company may enter into any agreement with me concerning the length or conditions of my employment.

I understand and agree that I may not work while using, possessing, distributing or being under the influence of drugs or alcohol and agree to submit to any drug or alcohol testing that is required as a condition of employment or continued employment. I understand that refusal to submit to such testing during the course of my employment will result in disciplinary action, up to and including discharge.

I agree to complete the physical evaluation process, which is required for all new employees after an offer of employment has been made. I understand that any job offer I receive is contingent upon satisfactory completion of this evaluation, which includes a drug and alcohol screen, a baseline hearing test, a functional capacity physical and a report of fitness for duty.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand that if I am employed, I must conform to all Company rules, regulations and policies including, but not limited to, those stated in the Employee Handbook and all revisions, thereof. I understand those Company rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented at any time, and without prior notice to me.

I hereby release Walton & Company, Inc. from any and all liability in the event that my employment is terminated as a result of any false statements contained herein or made during the course of the application process or during my employment at Walton.

I represent and warrant that I have read, fully understand and accept all terms of the foregoing Applicant Statement, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

By typing my name above, I acknowledge that this is my signature and are bound by the laws that apply.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____
(if applicable)

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.

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.

Voluntary VEVRAA Self ID: Pre-Offer

Walton & Company 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.

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 ABOVE

I AM NOT A PROTECTED VETERAN

Name: _____

Date: _____

Equal Employment Opportunity Voluntary Self-Identification

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Walton & Company to determine this information by visual survey and/or other available information.

GENDER:

Please check one of the options below

Male

Female

RACE/ETHNICITY:

Please check one of the descriptions below corresponding to the ethnic group with which you identify

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rico, South or Central American, or other Spanish Culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the Peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): 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 (Not Hispanic or Latino): 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 races, excluding those who identify themselves as Hispanic or Latino.

Job You Are Applying For:

Please Print Your Name:

Date:

Submission Instructions: Option 1: Download the PDF and open in either Acrobat DC, or Acrobat Reader. Fill out the form completely. Click the "Submit Form" button and select your preferred email service. Option 2: Fill out the form in it's entirety, save the PDF locally on your device. Go to your email service and attach the PDF to an email and send to: jobs@waltonco.com