



OFFICE USE ONLY:	
Approved:	Not approved at this time:
Date of Hire:	Pay Rate:
Location / Position:	Hiring Manager:

Application for Employment

General Information

Name: _____ Phone Number: _____ Email: _____

Street Address: _____ Apartment: _____ City: _____ State: _____ Zip: _____

Position you are applying for: _____ Expected Rate of Pay: _____ Who referred you: _____ Date Available: _____

Please answer the following questions:

1. Are you authorized to work in the United States? Yes _____ No _____
2. Are you at least 18 years or older? Yes _____ No _____
3. Do you have a valid unexpired Drivers License? Yes _____ No _____
4. Do you have dependable transportation to meet the attendance requirements of the position? Yes _____ No _____

Have you ever worked for Sears Contract, Inc. before? Yes _____ No _____

If yes:

Dates of employment: _____ to _____ Previous Supervisor: _____ Position: _____

Reason for leaving: _____

Employment History

Begin with current or most recent employer.

Company Name: _____ City, State: _____ Phone Number: _____

Dates of Employment: _____ to _____ Position: _____ Reason for Leaving: _____ Supervisor: _____

May we contact this employer? Yes _____ No _____

Company Name: _____ City, State: _____ Phone Number: _____

Dates of Employment: _____ to _____ Position: _____ Reason for Leaving: _____ Supervisor: _____

May we contact this employer? Yes _____ No _____

Company Name: _____ City, State: _____ Phone Number: _____

Dates of Employment: _____ to _____ Position: _____ Reason for Leaving: _____ Supervisor: _____

May we contact this employer? Yes _____ No _____

Educational Certifications

Please list any Educational Degrees, Training and/or Equipment Certifications and any other professional awards you have received that are related to the position.

Degree/Title/Type of Certificate	School or Association

Professional References

Company Name: _____	Contact Name: _____	Title: _____	Relationship: _____
Phone Number: _____	Email Address: _____	Years Known: _____	
Company Name: _____	Contact Name: _____	Title: _____	Relationship: _____
Phone Number: _____	Email Address: _____	Years Known: _____	
Company Name: _____	Contact Name: _____	Title: _____	Relationship: _____
Phone Number: _____	Email Address: _____	Years Known: _____	

Statements:
Sears Contract, Inc. in compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex (including gender, pregnancy, sexual orientation, gender expression and gender identity), national origin, age, marital status, veteran status, physical or mental disability, or any other group status protected by Federal, State or Local laws.

Sears Contract, Inc. participates in E-Verify for all applicants; I-9 must be completed timely for verification.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer and/or agents may investigate my background to ascertain any and all information of concern to my employment history, credit history, social security verification, motor vehicle records, education history, sex offender registry check, OIG/GSA debarment list search and/or other background checks necessary whether the same is of records or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with Sears Contract, Inc. I may be asked to demonstrate that I can perform tasks which are pertinent to the job, with or without reasonable accommodation. I also understand that if offered a job, it may be conditioned on results of physical examination and drug test and that I must provide proof of authorization to be employed in the United States.

Sears Contract, Inc. prohibits the use, possession, sale, manufacturing and/or distribution of alcohol and/or illegal or unauthorized drugs or other substance on Company premises and/or during working time or hours. Employees are also prohibited from reporting to work or being at work while under the influence of, or being impaired or otherwise affected by, such substances. Violation of this policy will result in disciplinary actions, up to and including discharge. Any employee who either tests positive or refuses to cooperate with the procedures will be subject to disciplinary actions, up to and including discharge. Further, employees who test positive may not be entitled to full Workers' Compensation benefits.

The Workplace Drug Policy provides for testing under the following conditions: applicant screening, fitness-for-duty, reasonable cause, post-accident, safety sensitive, random, and in accordance with customer requirements. You will be subject to a drug and/or alcohol test when any of the following occur:

- Work related accident or incident
- Vehicle accident or call in
- Property damage
- Incident that resulted in injury
- Reasonable cause
- Safety sensitive position

All employees are required by law to notify management of any conviction for drug related offense within 48 hours of such convictions are required by the Company policy and the Drug-Free Work Place Act of 1988. By signing below, you acknowledge you have received Sears Contract, Inc. drug and alcohol testing policy and you agree to cooperate with the submission of your specimen.

I further certify that I am genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of knowledge.

Applicant Printed Name: _____	Applicant Signature: _____	Date: _____
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SEARS CONTRACT, INC.

EEO SELF-IDENTIFICATION FORM

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

It is policy of Sears Contract, Inc. to provide equal opportunity to all qualified employees and applicants for employment without regard to race, color, religion, national origin, sex (including gender, pregnancy, sexual orientation, general expression, and gender identify), marital status, veteran status, or physical or mental disability or any other classification protected by Federal, State or Local law. Sears Contract, Inc. is subject to certain nondiscrimination and affirmative action record keeping and reporting requirements which require us to invite job applicants and employees to voluntarily self-identify their race/ethnicity, gender, and veteran status. The information obtained will be kept confidential and may only be used in accordance with provisions of applicable federal laws, executive orders, and regulations, including those which require information to be summarized and reported to the Federal Government for civil rights enforcement purpose.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT OR CURRENT EMPLOYMENT STATUS. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORMS AND/OR EMPLOYEE FILE.

If you choose not to self-identify at this time, the Federal Government requires this employer to determine the information asked below by visual survey and/or other available information.

Name (Last, First, Middle) _____

Signature: _____ Date: _____

Position applied for (list only one): _____

Gender Identification (check one): Female Male I do not wish to self-identify

Race/Ethnic Identification (check one):

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican South or Central America, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original people 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 or Vietnam.
- American Indian or Native Alaskan (Not Hispanic or Latino): A person having origins in any of the original people of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
- I do not wish to self-identify.

Sears Contract, Inc. is subject to the Vietnam Era Veterans’ Readjustment 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 veterans in the following classification:

- 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 Veteran 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 an 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 Veteran Identification (check one):

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 contactor 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
- I do not wish to self-identify



SEARS CONTRACT, INC.

FORMULARIO DE AUTOIDENTIFICACIÓN DE EEO

POR FAVOR LEA TODAS LAS INSTRUCCIONES CUIDADOSAMENTE ANTES DE COMPLETAR ESTE FORMULARIO

Es política de Sears Contract, Inc. proporcionar igualdad de oportunidades a todos los empleados calificados y solicitantes de empleo sin tener en cuenta la raza, el color, la religión, el origen nacional, el sexo (incluido el género, el embarazo, la orientación sexual, la expresión general y la identificación de género), el estado civil, el estado de veterano o la discapacidad física o mental o cualquier otra clasificación protegida por la ley federal, estatal o local. Sears Contract, Inc. está sujeto a ciertos requisitos de mantenimiento de registros y presentación de informes de no discriminación y acción afirmativa que requieren que invitemos a los solicitantes de empleo y empleados a autoidentificar voluntariamente su raza / etnia, género y estado de veterano. La información obtenida se mantendrá confidencial y solo se podrá utilizar de acuerdo con las disposiciones de las leyes federales aplicables, órdenes ejecutivas y regulaciones, incluidas las que requieren que la información se resuma y se informe al Gobierno Federal para fines de aplicación de los derechos civiles.

LA CUMPLIMENTACIÓN DE ESTE FORMULARIO ES VOLUNTARIA Y DE NINGUNA MANERA AFECTA LA DECISIÓN CON RESPECTO A SU SOLICITUD DE EMPLEO O ESTADO DE EMPLEO ACTUAL. ESTE FORMULARIO ES CONFIDENCIAL Y SE MANTENDRÁ POR SEPARADO DE SUS FORMULARIOS DE SOLICITUD Y / O ARCHIVO DE EMPLEADO.

Si usted decide no autoidentificarse en este momento, el Gobierno Federal requiere que este empleador determine la información que se le pide a continuación mediante una encuesta visual y / u otra información disponible.

Nombre (Último, Primero, Medio) _____

Firma: _____ Fecha: _____

Posición solicitada (enumere sólo una): _____

Identificación de género (marque uno): Female Male no deseo autoidentificarme

Raza/Identificación étnica (marque uno):

Hispano o Latino: Una persona de América del Sur o Central cubana, mexicana, puertorriqueña, u otra cultura u origen español, independientemente de su raza.

Blanco (no hispano o latino): Una persona que tiene orígenes en cualquiera de los pueblos originarios de Europa, Oriente Medio o el norte de África.

Negro o afroamericano (no hispano o latino): Una persona que tiene orígenes en cualquiera de los grupos raciales negros de África.

Nativo hawaiano u otro isleño del Pacífico (no hispano o latino): Una persona que tiene orígenes en cualquiera de los pueblos de Hawái, Guam, Samoa u otras islas del Pacífico.

Asiático (no hispano o latino): Una persona que tiene orígenes en cualquiera de los pueblos originarios del Lejano Oriente, el sudeste asiático o el subcontinente indio, incluyendo por ejemplo, Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia o Vietnam.

Indio americano o nativo de Alaska (no hispano o latino): Una persona que tiene orígenes en cualquiera de los pueblos originales de América del Norte y del Sur (incluida América Central) y que mantiene afiliación tribal o apego comunitario.

Dos o más razas (no hispanas o latinas): Todas las personas que se identifican con más de una de las cinco razas anteriores.

No deseo autoidentificarme.

Sears Contract, Inc. está sujeta a la Ley de Reajuste de Veteranos de la Era de Vietnam de 1974, modificada por la Ley de Empleos para Veteranos de 2002, 38 U.S.C. 4212 (VEVRAA), que requiere que los contratistas del gobierno tomen medidas afirmativas para emplear y avanzar en el empleo de veteranos en la siguiente clasificación:

- Un "veterano discapacitado" es uno de los siguientes:
 - Un veterano del servicio militar, terrestre, naval o aéreo de los Estados Unidos que tenga derecho a una compensación (o que de no ser por recibir el pago militar retirado tendría derecho a una compensación) bajo las leyes administradas por el Secretario de Asuntos de Veteranos; o
 - Una persona que fue dada de alta o liberada del servicio activo debido a una discapacidad relacionada con el servicio.
- Un "veterano recientemente separado" significa cualquier veterano durante el período de tres años que comienza en la fecha de la licencia o liberación de dicho veterano del servicio activo en el servicio militar, terrestre, naval o aéreo de los EE. UU.
- Un "veterano de guerra o insignia de campaña en servicio activo" significa un veterano que sirvió en servicio activo en el servicio militar, terrestre, naval o aéreo de los Estados Unidos durante una guerra, o en una campaña o expedición para la cual una insignia de campaña ha sido autorizada bajo las leyes administradas por el Departamento de Defensa.
- Un "veterano de la medalla de servicio de las fuerzas armadas" significa un veterano que mientras servía en servicio activo en el servicio militar, terrestre, naval o aéreo de los Estados Unidos, participó en una operación militar de los Estados Unidos para la cual se otorgó una medalla de servicio de las Fuerzas Armadas de conformidad con la Orden Ejecutiva 12985

Identificación de Veterano Protegida (marque uno):

Si usted cree que pertenece a cualquiera de las categorías de veteranos protegidos enumeradas anteriormente, por favor indíquelo marcando la casilla correspondiente a continuación. Como contactor gubernamental sujeto a VEVRAA, solicitamos esta información para medir la efectividad de los esfuerzos de alcance y reclutamiento positivo que llevamos a cabo de conformidad con VEVRAA.

Me identifico como una o más de las clasificaciones de veteranos protegidos enumeradas anteriormente

No soy un veterano protegido

No deseo autoidentificarme

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.

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.

Employer Use Only

Location: _____ Job Title: _____ Date of Hire: _____

August 2021

Autoidentificación voluntaria de discapacidad

Formulario CC-305
Página 1 de 1

Número de control de la OMB 1250-0005
Vence el 31/May/2023

Nombre: _____
Identificador de empleado: _____
(si procede)

Fecha: _____

¿Por qué se le ha pedido que conteste este formulario?

Somos un contratista o subcontratista federal obligado por la ley a ofrecer igualdad de oportunidades de empleo a las personas calificadas con discapacidades. También estamos obligados a medir nuestro progreso hacia el objetivo de que al menos el 7% de nuestros empleados sean personas con discapacidades. Para ello, debemos preguntarle a nuestros aspirantes y empleados si tienen o alguna vez han tenido una discapacidad. Dado que una persona puede quedar discapacitada en cualquier momento, les pedimos a todos nuestros empleados que actualicen su información por lo menos cada cinco años.

Identificarse con una persona con discapacidad es voluntario, y esperamos que decida hacerlo. Su respuesta se mantendrá confidencial y no será vista por directivos encargados de la selección, ni por otras personas que tomen decisiones sobre el personal. Contestar el formulario no tendrá ningún efecto negativo para usted, sin importar si se ha autoidentificado en el pasado. Para obtener más información sobre este formulario o sobre las obligaciones de empleo igualitario de los contratistas federales en los términos de la Sección 503 de la Ley de Rehabilitación, visite el sitio de internet de la Oficina de Programas de Cumplimiento de Contratos Federales (OFCCP, por sus siglas en inglés) del Departamento de Trabajo de EE. UU. en www.dol.gov/ofccp.

¿Cómo puede saber si tiene una discapacidad?

Se considera que tiene una discapacidad si tiene algún impedimento o trastorno médico, ya sea físico o mental, que limite sustancialmente una actividad importante de la vida, o si tiene un historial o registro de dicho impedimento o trastorno médico. *Las discapacidades incluyen, entre otras:*

- Autismo
- Enfermedades autoinmunes, como lupus, fibromialgia, artritis reumatoide o VIH/sida
- Ceguera o problemas de la vista
- Cáncer
- Enfermedad cardiovascular o cardíaca
- Enfermedad celíaca
- Parálisis cerebral
- Sordera o problemas del oído
- Depresión o ansiedad
- Diabetes
- Epilepsia
- Trastornos gastrointestinales, como enfermedad de Crohn o síndrome del intestino irritable
- Discapacidad intelectual
- Ausencia total o parcial de extremidades
- Trastornos del sistema nervioso, como migrañas, enfermedad de Parkinson o esclerosis múltiple
- Trastornos psiquiátricos, como trastorno bipolar, esquizofrenia, TEPT o depresión mayor

Marque una de las siguientes casillas:

- Sí, tengo una discapacidad o un historial o registro de haber tenido una discapacidad
- No, no tengo una discapacidad ni un historial o registro de haber tenido una discapacidad
- No quiero responder

DECLARACIÓN DE CARGA PÚBLICA: De acuerdo con la Ley de Reducción de Trámites de 1995, nadie está obligado a responder un instrumento de recolección de información si dicho instrumento no muestra un número de control válido de la OMB. Contestar esta encuesta debe tomar alrededor de 5 minutos.

Solo uso del empleador

Ubicación: _____ Cargo: _____ Fecha de contratación: _____

Agosto 2021