



### EMPLOYMENT APPLICATION

Multifab Corporation is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. It is the policy of Multifab Corporation to provide equal employment opportunities to applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status. Should an applicant need a reasonable accommodation in the application process, please contact Human Resources at 800.435.8210.

**INSTRUCTIONS:** Please fill out all of the sections below.

Application Date: \_\_\_\_\_  
Position Applying For: \_\_\_\_\_  
Location Applying to Work At:  Spokane  Vancouver  Kent  Boise  MT  
How did you hear about this position? \_\_\_\_\_

### APPLICANT INFORMATION

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, and Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

### PERSONAL INFORMATION

Have you ever applied or been employed at Multifab Corporation?  Yes  No  
If yes, list position and date(s)? \_\_\_\_\_  
Do you have any friends, relatives, or acquaintances working for Multifab Corporation?  Yes  No  
If yes, list the name and relationship? \_\_\_\_\_  
Are you at least 18 years of age?  Yes  No  
Are you authorized to lawfully work in the United States?  Yes  No  
Do you have any conditions which would require job accommodations?  Yes  No  
If yes, please describe accommodation? \_\_\_\_\_

*Note: Multifab Corporation complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.*

You are requested but not required to fill in the personal data below. The information below will not be used as selection criteria for the hiring process.

## JOB SKILLS/QUALIFICATIONS

Please list below the skills and qualifications you possess for the position for which you are applying:

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## EDUCATION AND TRAINING

### High School

Name	Location (City, State)	Graduated	Type of Degree Earned
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### College/University

Name	Location (City, State)	Graduated	Type of Degree Earned
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Vocational School/Specialized Training

Name	Location (City, State)	Graduated	Type of Degree Earned
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Military:

Have you or do you currently serve in the United States Military?  Yes  No  Decline to Answer

What military skills do you possess that would be an asset for this position?

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## PREVIOUS EMPLOYMENT

### Employer Name 1:

Your Job Title:

Supervisor Name:

Employer Address:

City, State, and Zip Code:

Employer Telephone:

Dates Employed:

Start Mo/Yr

End Mo/Yr

Job Duties/Responsibilities:

Reason for Leaving:

### Employer Name 2:

Your Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State, and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: 

Start Mo/Yr		End Mo/Yr	
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 Your Job Duties/Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

**Employer Name 3:**

Your Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State, and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: 

Start Mo/Yr		End Mo/Yr	
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 Your Job Duties/Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

**PROFESSIONAL REFERENCES:** (Please list 3 professional references).

Full Name	Telephone #	Relationship to You	Company

**EMPLOYMENT APPLICATION CERTIFICATION**

I certify the information provided on this Employment Application is truthful and accurate. I authorize Multifab Corporation to contact former employers and educational organizations regarding my employment, educational, and applicable related matters in connection with this Employment Application to make an employment decision for up to 3 months from the date below. I hereby release employers, schools, or individuals from liability when responding to inquiries in connection with this Employment Application. I understand that providing false or misleading information will be a basis for rejection of my application or if employment commences termination of my employment.

**I have carefully read the above certification and I understand and agree to its terms.**

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_



## EEO-1 Voluntary Self Identification Form

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. Please return completed forms to the HR department.

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

**NAME:** \_\_\_\_\_

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

**DATE COMPLETED:** \_\_\_\_\_

**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 Rican, 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 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.

**Native American 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 maintains 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 disclose.**



### **Affirmative Action: Post-Offer Invitation to Self-Identify as a Veteran (VEVRAA)**

As a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) of 1974, Multifab Inc. is required to submit a report to the U.S. Department of Labor each year identifying the number of protected veterans who were newly hired, as well as the number of protected veterans who were employed. If you believe you belong to any of the categories of protected veterans listed below, please indicate so by checking the appropriate box.

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 consistent with the VEVRAA, as amended.

**Print Name:**

**Print Job Title:**

I belong to the following classifications of protected veterans (choose all that apply):

**Disabled Veteran**

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.

**Recently Separated Veteran**

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.

**Active Wartime or Campaign Badge Veteran**

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.

**Armed Forces Service Medal Veteran**

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 U.S. military



operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Date Service Ended:** \_\_\_\_\_

- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.**
  
- I am NOT a protected veteran.**

If you are a disabled veteran, please indicate whether there are accommodations we could provide that would enable you to perform the essential functions of your job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed about the restrictions on the work or duties of disabled veterans and about 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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
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OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

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

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. 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 hope that you will 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 you know if you have a disability?

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

- Alcohol or other substance use 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 the 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

### Please check one of the boxes below:

- 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 want 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.

### For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: