



Employment Application

This application will be actively considered for the position(s) indicated by the applicant for 90 days after submission to stlb™/PBI. Applications that list "open "or "anything" will **NOT** be considered. Applicants to be interviewed will be contacted by stlb™ HR Department.

Please print clearly and complete all information requested

Personal Information

Name (First, Middle, Last): _____ Daytime/Evening Phone: _____

Have you ever used a different name for work, school, or other purposes? Yes No
 If yes, please identify the name(s) used, the dates used, and the circumstances. _____

Current Mailing Address (Street, City, State, Zip): _____ Email: _____

Position Applying For (must specify): _____ Job Location: _____

Date Available to Start: _____ Expected Salary: _____

Have you applied with us within the last 90 days? Yes No
 If hired, can you provide proof that you are at least 18 years of age? Yes No

General Information

Available to Work (check all that apply): Full-Time Part-Time Overtime Holidays
 Preferred Shift: Days Evenings Nights

Are you legally eligible for employment in the U.S.? Yes No
 Do you have relatives or friends currently working for STL B? Yes No
 If yes, state their name, relationship to you, job title and location of employment.

Have you ever applied for employment with or been employed by this company? Yes No
 If yes, list position(s) filled or applied for.

Background Information

All applicants **MUST** complete this portion.
 California and Hawaii applicants: Please read page 4 before completing.

Have you been convicted of, or pled "guilty," "no contest" or "nolo contendere" to a crime other than a minor traffic violation? Yes No
 If yes, explain. _____

Employment History

List all current and previous employment starting with your most recent position. Include all seasonal, part-time, and self-employment. **You must complete this section even if you provide a resume.** Failure to list complete and accurate information may result in disqualification or termination of employment.

Company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Start Date: _____ End Date: _____

Supervisor: _____ Beg. Salary: _____ End Salary: _____

Major Duties: _____

If applicable, list all other job titles and employment dates with this employer:

Reason for Leaving: _____ May we contact? Yes No

Company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Start Date: _____ End Date: _____

Supervisor: _____ Beg. Salary: _____ End Salary: _____

Major Duties: _____

If applicable, list all other job titles and employment dates with this employer:

Reason for Leaving: _____ May we contact? Yes No

Company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Start Date: _____ End Date: _____

Supervisor: _____ Beg. Salary: _____ End Salary: _____

Major Duties: _____

If applicable, list all other job titles and employment dates with this employer:

Reason for Leaving: _____ May we contact? Yes No

Company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Start Date: _____ End Date: _____

Supervisor: _____ Beg. Salary: _____ End Salary: _____

Major Duties: _____

If applicable, list all other job titles and employment dates with this employer:

Reason for Leaving: _____ May we contact? Yes No

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain each occasion when this has occurred listing company name, supervisor, reason, and date of occurrence.

Education History

High School Diploma/GED: Yes No

List any college degrees, trade, certification, licenses, (etc.):

List any special skills:

All Applicants Must Read and Sign Below

Consumer Report Authorization

In making this application for employment, it is understood that a copy of a consumer report prepared by a consumer reporting agency may be obtained. Information from the report will not be used in violation of any federal or state equal opportunity law or regulation. I acknowledge receipt of a separate disclosure that a consumer report may be obtained. I hereby authorize a copy of my consumer report from a consumer-reporting agency to be sent to **stlb**TM.

Signature: _____ Date: _____

Verification Authorization

I hereby authorize **stlb**TM to thoroughly investigate my background, any statement made on this application, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), previous employers and organizations contacted by **stlb**TM to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. **I understand that misrepresentation and/or omission of facts regardless of when it is found, may result in rejection of this application or, if hired, termination of employment.** I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand and agree that my employment is at will, which means that it is for no specific period and may be terminated by **stlb**TM or me at any time without prior notice for any reason.

Signature: _____ Date: _____

Certification Statement

I certify that all of the information provided on this employment application and all additional sheets and resumes submitted to the stlb™/Premier Board, Inc. (Referred to as "stlb™/PBI") is true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application, attachments or resumes submitted to stlb™/PBI will result in rejection of this application or termination, if hired, regardless of the date of discovery.

Signature: _____ Date: _____ Social Security# _____

For California Applicants Only

When responding to background information section, California applicants should not disclose information concerning an arrest or detention that did not result in conviction, or information concerning a referral to, and participation in, any pretrial or post trial diversion program or any conviction for violation of subdivision (b) or (c) of Section 11357 of the Health and Safety Code or a statutory predecessor thereof (unauthorized possession of marijuana), or subdivision (b) of Section 11360 of the Health and Safety Code (formerly subdivision (c) of Section 11360 of the Health and Safety Code), or Section 11364, 11354, or 11550 of the Health and Safety Code as they relate to marijuana prior to January 1, 1976, or statutory predecessor thereof, two years from the date of such a conviction. As used herein, a "conviction" shall include a plea, verdict, or finding of guilty regardless of whether sentence is imposed by the court. As used herein, "pretrial or post trial diversion program" mean any program under Chapter 2.5 (commencing with Section 1000) or Chapter 2.7 (commencing with Section 1001) of Title 6 of Part 2 of the Penal Code, Section 13201 or 13352.5 of the Vehicle Code, or any other program expressly authorized and described by statute as a diversion program. (See California Labor Code section 432.7 subd. (a) and (j)).

Signature: _____ Date: _____

For Hawaii Applicants Only

Do not respond to background information section until you have been given a conditional offer of employment.

Signature: _____ Date: _____

Equal Opportunity and Affirmative Action Employer

STLB is an Equal Opportunity/Affirmative Action employer. We evaluate qualified applicants without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age or any other protected characteristic.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____

Date: _____

Employee ID: _____
(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.

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:**

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Alcohol or other substance use disorder (not currently using drugs illegally)• Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or 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 | <ul style="list-style-type: none">• Epilepsy or other seizure disorder• Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome• Intellectual or developmental disability• Mental Health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD• 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, | <ul style="list-style-type: none">• Parkinson's disease, or 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 don't 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 _____

**stlb™ and Premier Board Inc.
Voluntary Self-Identification**

stlb™ is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action program. Completing this form is voluntary. Your answers will be kept private, and will not be used against you in any way. We evaluate qualified applicants without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age or any other protected characteristic.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Information

Name: _____ Date: _____

Position applied for: _____

How did you hear about the position?

Current Employee News Paper Ad State Agency stlb™ Website

Other (Explain): _____

Section 2: Please check all that apply

Race/Ethnic Identity

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian:** 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 Alaskan Native:** 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 five races.
- I do not wish to self-identify**

Gender

Male Female I do not wish to self-identify

Veteran Status (see definitions on page 2)

I am a protected veteran I am **NOT** a protected veteran I do not wish to self-identify

This employer is 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 Veterans.

The Protected classifications are defined as follows:

Vietnam Era Veteran – Veteran of the U.S. military, ground naval, or air service, and part of whose service was during the period August 5, 1964 through May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service connected disability. Also includes any veteran of the U.S. military, ground, naval, or air service in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

Disabled Veteran – Veteran who served on active duty in the U.S. military, ground, naval or air service, and: (1) is entitled to disability 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 (2) was discharged or released from active duty because of a service-connected disability.

Special Disabled Veteran – Veteran who was discharged or released from active duty because of a service connected disability, or 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 Department of Veterans Affairs for a disability rated at 30% or more, or at 10% or 20% if the veteran has been determined to have a serious employment handicap.

Other Protected Veteran – Any other veteran who served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge has been authorized.

Armed Forces Service Medal Veteran – 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.

Wounded Warrior – A disabled veteran who has served on active duty after September 11, 2001, has fewer than 20 years of military service, has received either a Memorandum rating of 30% or greater from their service Physical Evaluation Board or a VA Service-connected disability rating of 30% or greater, and who is enrolled in the Wounded Warrior Program.

Recently Separated Veteran – With respect to federal contracts and subcontracts entered into before December 1, 2003: Any veteran who served on active duty in the U.S. military ground, naval, or air service during the one year period or three year period beginning on the date of such a veteran's discharge

Voluntary Survey

Dear Applicant:

The mission of stlb™ is to **Employ, Educate, and Empower** our neighbors who are blind or visually impaired.

Employ people who are blind or who have low vision, to **Educate** the world on the capabilities of those who are blind, and to **Empower** the blind to live full and rich lives.

For employment purposes, we give first preference to those applicants that are blind or visually impaired as long as they are qualified for the position.

Are you legally blind? Yes No

Print Name: _____

Date: _____

Phone Number: _____