



DIAMOND DRUGS, INC.

645 KOLTER DRIVE - COMMERCE PARK - INDIANA, PA
15701-3570
PHONE: 800.882.6337 FAX: 724.349.2944

Voluntary Affirmative Action Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application. In an effort to comply with requirement regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action.

Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

COMPLETION OF ANY OR ALL OF THE INFORMATION BELOW IS VOLUNTARY

PLEASE PRINT

Position(s) applied for _____ Date _____

REFERRAL SOURCE

_____ Walk-in _____ Government Employment Agency _____ Private Employment Agency

_____ Employee _____ Relative _____ School _____ Other _____

_____ Advertisement- Source _____

APPLICANT INFORMATION

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

_____ Male _____ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- _____ White (not of Hispanic origin)
- _____ Black (not of Hispanic origin)
- _____ Hispanic
- _____ American Indian/ Alaskan Native
- _____ Asian/Pacific Islander
- _____ Other : _____
- _____ Protected Veteran

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PERSONAL (Please Print Using Ball Point Pen).				DATE:	
Last Name	First	Middle	Cell Phone Number	Home Telephone	
Address			City	State	Zip
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO If under 18, list date of birth Month/Day/Year <u> </u> / <u> </u> / <u> </u>		Have you ever worked for Diamond before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever applied here before <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT INTERESTS AND SKILLS

Type of Employment you are Seeking:

- Full-Time (36-40 hours)
- Partially-Benefited (30-35 hours)
- Part-Time (30 or less hours)

I Am Available To Work The Following

Shift: Day Night Any Shift

Date Available for Work _____

Total Hours Expected _____

Wages Expected _____

FROM
TO

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Any Time

<u>Type of work Preferred:</u>	<u>Position Desired:</u>	<u>Years Of Experience In This Work:</u>
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If applying for Delivery position please provide Valid PA Driver's License # _____ Exp. Date: _____

Names of other employees in this company with whom you are acquainted: _____

How did you know of this opening? _____

EDUCATION

Name and address of school	Types of courses of program study	Length of course	Complete course?

Name: _____ Date: _____

Give past employment as completely as possible, starting with you present or latest employer, including summer employment. For any unemployed or self-employed periods, show dates and location.

	Month	Day	Year	Employer's Name & Address, City, State and Zip	Name & Title of Immediate Supervisor	Last Position & Wage	Reason for Leaving
From				Employer: Address: Phone Number:			
To							

Job Duties: _____

	Month	Day	Year	Employer's Name & Address, City, State and Zip	Name & Title of Immediate Supervisor	Last Position & Wage	Reason for Leaving
From				Employer: Address: Phone Number:			
To							

Job Duties: _____

	Month	Day	Year	Employer's Name & Address, City, State and Zip	Name & Title of Immediate Supervisor	Last Position & Wage	Reason for Leaving
From				Employer: Address: Phone Number:			
To							

Job Duties: _____

Why do you wish to leave your present employer? _____

State any additional information you think would be of interest to us in considering your application, such as skills and abilities: _____

List 1 personal reference: Name: _____ Phone: _____ Yrs. Acquainted: ____

List 2 professional references: Name: _____ Phone: _____ Yrs. Acquainted: ____

Name: _____ Phone: _____ Yrs. Acquainted: ____

STATEMENT OF ACCURACY AND RELEASE (Read Before Signing)

DUE TO THE HIGHLY REGULATED NATURE OF OUR BUSINESS, ALL APPLICANTS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK PRIOR TO EMPLOYMENT

I certify that the information contained in this application is complete and correct. I understand that incomplete or incorrect information may be grounds for termination if I am hired. I authorize all schools, former employers, references, arrest records and others who have information about me, to provide such information to the employer and release all parties from any liabilities for any damage that may result from providing such information.

If employed I agree to conform to the rules, regulations, policies and procedures, of the employer and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the employer or me.

This application is considered current for 1 year. If you wish to be considered for later employment, you must renew and update your application in writing.

Signature: _____ Date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. 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.

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.



Diamond Drugs, Inc.

Voluntary Affirmative Action Information

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, Active Duty Wartime or Campaign Badge Veterans, and Armed Forces service medal veterans.

If you are a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please contact our Human Resources Department.

Disabled Veteran – refers to a veteran 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, or was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran – refers to any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.

Other Protected Veteran Include Active Duty Wartime or Campaign Badge Veterans – refers to a person 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 - refers to a person who, while serving on active duty in the Armed Forces, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).

Service Medal Veteran – any veteran who, while serving on active duty in the U.S. military ground, naval or air service medal was awarded.

You may inform us of your desire to benefit under the program at any time.

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 not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations: 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 Government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

Diamond Drugs, Inc.'s Affirmative Action Plan is to focus on the organization's recruiting, hiring, training and promotion for all individuals and for all individuals to have an equal opportunity in the placement of employment at Diamond Drugs, Inc.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



E-VERIFY IS A SERVICE OF DHS AND SSA

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IF YOU HAVE THE RIGHT TO WORK



Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

Contact IER

For assistance in your own language
Phone: 1-800-255-7688
TTY: 1-800-237-2515

Email us
IER@usdoj.gov

Or write to
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).



— DEPARTMENT OF JUSTICE —
IMMIGRANT & EMPLOYEE RIGHTS SECTION
— CIVIL RIGHTS DIVISION —

Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division

www.justice.gov/ier

SI USTED TIENE DERECHO A TRABAJAR



No deje que nadie se lo quite.

Existen leyes que lo protegen contra la discriminación en el trabajo.

Usted debe saber que...

En la mayoría de los casos, los empleadores no pueden negarle un empleo o despedirlo debido a su nacionalidad de origen o estatus de ciudadanía, ni tampoco negarse a aceptar sus documentos válidos y legales.

Los empleadores no pueden rechazar documentos porque tengan una fecha de vencimiento futura.

Los empleadores no pueden despedirlo debido a E-Verify sin darle una oportunidad de resolver el problema

En la mayoría de los casos, los empleadores no pueden exigir que usted sea ciudadano estadounidense o residente legal permanente.

Comuníquese con la IER

Para ayuda en su propio idioma:
Teléfono: 1-800-255-7688
TTY: 1-800-237-2515

Mándenos un correo:
IER@usdoj.gov

O escribanos a:
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

Si alguna de estas cosas le ha sucedido, comuníquese con la Sección de Derechos de Inmigrantes y Empleados (IER, por sus siglas en inglés)



DEPARTAMENTO DE JUSTICIA DE LOS EE. UU.
SECCIÓN DE DERECHOS DE INMIGRANTES Y EMPLEADOS
DIVISIÓN DE DERECHOS CIVILES

Sección de Derechos de Inmigrantes y Empleados
Departamento de Justicia de los EE. UU., División de Derechos Civiles

www.justice.gov/ier
www.justice.gov/crt-about/espanol/ier