



THE LAW COMPANY, INC.
 345 Riverview, P.O. Box 1139
 Wichita, Kansas 67201-1139
 (316) 268-0200 FAX (316) 268-0210

An Equal Opportunity Employer

This application will be kept on file and considered for 90 days.

EMPLOYMENT APPLICATION

(PLEASE PRINT)

POSITION APPLIED FOR: _____

NAME: _____

ADDRESS: _____ HOME PHONE: () _____
 CELL PHONE: () _____

LIST YOUR LAST THREE EMPLOYERS WITH ADDRESSES, TELEPHONE NUMBER, DATES OF EMPLOYMENT, YOUR SUPERVISOR OR A CONTACT PERSON, JOB DESCRIPTION, HOURLY WAGE AND REASON FOR LEAVING.

1. EMPLOYER: _____ ADDRESS: _____
 DATES: _____ TO _____ PHONE: () _____ CONTACT: _____
 JOB DESCRIPTION: _____ HOURLY WAGE: _____
 REASON FOR LEAVING: _____

2. EMPLOYER: _____ ADDRESS: _____
 DATES: _____ TO _____ PHONE: () _____ CONTACT: _____
 JOB DESCRIPTION: _____ HOURLY WAGE: _____
 REASON FOR LEAVING: _____

3. EMPLOYER: _____ ADDRESS: _____
 DATES: _____ TO _____ PHONE: () _____ CONTACT: _____
 JOB DESCRIPTION: _____ HOURLY WAGE: _____
 REASON FOR LEAVING: _____

4. LIST YOUR SPECIFIC SKILLS AND TRAINING YOU HAVE FOR THE POSITION YOU ARE APPLYING FOR. _____

5. HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED WITH LAW COMPANY? Yes _____ No _____
 IF SO, PLEASE COMPLETE THE FOLLOWING:
 SUPERVISOR _____ JOB DESCRIPTION _____
 HOURLY WAGE _____ REASON FOR LEAVING _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, DRUNK DRIVING CHARGE OR MISDEMEANOR (OTHER THAN MINOR TRAFFIC VIOLATIONS) IN THE PAST 5 YEARS? _____. IF YES, EXPLAIN. _____

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? _____

MY ANSWERS ON THIS APPLICATION ARE TRUE AND I HAVE NOT KNOWINGLY WITHHELD INFORMATION REQUESTED. I AUTHORIZE THE LISTED EMPLOYERS TO PROVIDE ANY RELEVANT INFORMATION THAT MAY BE USEFUL TO THE COMPANY TO ARRIVE AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT ANY FALSIFICATION OF MY ANSWERS MAY RESULT IN TERMINATION IF I AM HIRED. I UNDERSTAND THAT A CONVICTION RECORD WILL NOT NECESSARILY RESULT IN MY NOT BEING HIRED AS THE AGE, TIME, SERIOUSNESS, AND NATURE OF THE OFFENSE WILL BE CONSIDERED. I UNDERSTAND THAT IF I AM EMPLOYED BY THE LAW COMPANY, MY EMPLOYMENT WILL BE AT WILL, THAT THIS COMPANY DOES NOT ENTER INTO ORAL OR WRITTEN EMPLOYMENT CONTRACTS, AND THAT THE COMPANY CAN TERMINATE ME AT ANY TIME FOR ANY REASON NOT SPECIFICALLY PROHIBITED BY LAW.

SIGNATURE OF APPLICANT: _____ DATE: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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

Note: Please return this form to Marsha Anderson at The Law Company Office.

Voluntary Self-Identification of Disability

Form CC-305
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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.

VOLUNTARY SELF-IDENTIFICATION

The Law Company 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 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 on the reverse side of this form.

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. 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.

Date: _____

Name: _____ Phone (____) _____

Address: _____

I am a protected veteran

I am not a protected veteran

I am a Male Female

I am White Black Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native Other

I do not want to self-identify

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status. Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. 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 are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the 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. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding 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.

(OVER)

DEFINITIONS OF PROTECTED VETERAN CLASSIFICATIONS

Disabled Veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) 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 (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes 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.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.