

**Applicant Information**


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Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address, Apt, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

1. Are you legally authorized to work for any employer in the United States?    YES    NO
2. Do you now or in the future require immigration sponsorship (Obtain, Retain, Extend)?    YES    NO
3. Have you ever been an employee of Citrine LLC?    YES    NO
4. Are you 18 years of age or older?    YES    NO
5. What is your U.S. Military Status?
6. Have you ever been a U.S. Government employee in the Executive or Judicial Branch?    YES    NO
  - a. If yes, please explain:
7. Do you currently work for any of the following?
8. Are you now or expected to be engaged in business/employment which may conflict with interest of Citrine LLC?    YES    NO
  - a. If yes, please explain:
9. Have you ever been discharged or asked to resign from a job?    YES    NO
  - a. If yes, please explain:

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**Education and Other Skills**


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High School (Name, City, State):  
 Did you graduate?    YES    NO

College (Name, City, State):  
 Did you graduate?    YES    NO    Degree: \_\_\_\_\_    Years of experience in this field: \_\_\_\_\_

College (Name, City, State):  
 Did you graduate?    YES    NO    Degree: \_\_\_\_\_    Years of experience in this field: \_\_\_\_\_

Other (Name, City, State):  
 Did you complete?    YES    NO    Certificate: \_\_\_\_\_    Years of experience in this field: \_\_\_\_\_

Please list any additional skills applicable to the position you are applying for:

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**Previous Employment and References**

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**Company #1:**

Phone:

Address (Street, City, State, Zip):

Job Title:

From:

To:

Supervisor (Name, Contact Info):

May we contact your previous supervisor for a reference?

YES

NO

Responsibilities:

**Company #2:**

Phone:

Address (Street, City, State, Zip):

Job Title:

From:

To:

Supervisor (Name, Contact Info):

May we contact your previous supervisor for a reference?

YES

NO

Responsibilities:

**Company #3:**

Phone:

Address (Street, City, State, Zip):

Job Title:

From:

To:

Supervisor (Name, Contact Info):

May we contact your previous supervisor for a reference?

YES

NO

Responsibilities:

Please list 3 Professional References that we may contact:

Name:

Phone Number:

Email Address:

Years known:

Citrine LLC is an Equal Employment Opportunity/Affirmative action employer. As a federal contractor, we are required to compile the following information in order to comply with Federal Equal Employment Opportunity and Affirmative Action requirements. The information you provide is strictly on a voluntary basis and failure to supply it will not in any way affect your employment. We are committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, marital status, or any other legally recognized protected basis under Federal, State or local laws, regulations or ordinances.

What is your gender?

**AMERICAN INDIAN/ALASKAN NATIVE (Not Hispanic/Latino):** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.

**ASIAN (Not Hispanic/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.

**BLACK or AFRICAN AMERICAN (Not Hispanic/Latino):** A person having origins in any of the black racial groups of Africa.

**HISPANIC or LATINO:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**NATIVE HAWAIIAN or PACIFIC ISLANDER (Not Hispanic/Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**TWO or MORE RACES (Not Hispanic/Latino):** All persons who identify with more than one of the above five races. Persons from Brazil, Guyana, Surinam or Trinidad should be classified according to their race and would not necessarily be included in this group. Persons of Portuguese or Italian heritage who have names that are similar to Spanish surnames in spelling or pronunciation, or persons who acquire a Spanish surname through marriage, are not included in this category.

**WHITE (Not Hispanic/Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

*\*Please indicate the ethnic group with which you identify. (A definition of each ethnic group is provided above).*

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. Reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the Company. Please inform personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

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#### Privacy Notice

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As part of any recruitment process, Citrine LLC collects and processes personal data relating to job applicants. We are committed to being transparent about how we collect and use that data and to meeting our data protection obligations.

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#### Affidavit, Consent, and Release

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**Please read and initial each statement carefully before signing.**

**I certify that all information provided in this employment application and attachments is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.**

**I understand that Citrine LLC may request an investigative consumer report from a consumer reporting agency. The report may include information as to my character, reputation, and personal characteristics obtained from interviews with neighbors, friends, former employers, schools, and others that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I have a right to make a request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.**

**I understand that I may be required to successfully pass a drug and alcohol screening and/or job-related examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, as required.**

**I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only a Principal of Citrine LLC or a designee appointed in writing by a Principal has the authority to enter into an agreement of employment for any specific period and such agreement must be in writing, signed by the Principal (or designee) and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without cause.**

Signature:

Date:

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

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.

Job Title:

Date of Hire:

## Voluntary Self-Identification of "Protected" Veteran Status

### Why Are You Being Asked to Complete This Form?

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). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

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](http://www.dol.gov/ofccp).

### How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an "[Am I a Protected Veteran?](#)" infographic provided by OFCCP.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW  
I AM NOT A PROTECTED VETERAN  
I DO NOT WISH TO ANSWER

Your Name \_\_\_\_\_

Today's Date \_\_\_\_\_

### What Categories of Veterans Are "Protected" by VEVRAA?

"Protected" veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. 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.
2. 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.
3. 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.
4. 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.

### For Employer Use Only

Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_