

EMPLOYMENT RECORD

List your most recent position first.

NAME OF PRESENT OR LAST EMPLOYER				STREET ADDRESS		CITY	STATE	ZIP
FROM:		TO:		TELEPHONE	SUPERVISOR			
MO	YR	MO	YR					
POSITION				DUTIES				
STARTING SALARY		LEAVING SALARY		REASON FOR LEAVING				
TYPE OR JOB <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			WHAT DID YOU LIKE MOST ABOUT THIS JOB?					

NAME OF NEXT PREVIOUS EMPLOYER				STREET ADDRESS		CITY	STATE	ZIP
FROM:		TO:		TELEPHONE	SUPERVISOR			
MO	YR	MO	YR					
POSITION				DUTIES				
STARTING SALARY		LEAVING SALARY		REASON FOR LEAVING				
TYPE OR JOB <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			WHAT DID YOU LIKE MOST ABOUT THIS JOB?					

NAME OF NEXT PREVIOUS EMPLOYER				STREET ADDRESS		CITY	STATE	ZIP
FROM:		TO:		TELEPHONE	SUPERVISOR			
MO	YR	MO	YR					
POSITION				DUTIES				
STARTING SALARY		LEAVING SALARY		REASON FOR LEAVING				
TYPE OR JOB <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			WHAT DID YOU LIKE MOST ABOUT THIS JOB?					

NAME OF NEXT PREVIOUS EMPLOYER				STREET ADDRESS		CITY	STATE	ZIP
FROM:		TO:		TELEPHONE	SUPERVISOR			
MO	YR	MO	YR					
POSITION				DUTIES				
STARTING SALARY		LEAVING SALARY		REASON FOR LEAVING				
TYPE OR JOB <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			WHAT DID YOU LIKE MOST ABOUT THIS JOB?					

IF NEEDED PLEASE ATTACH ANOTHER SHEET OF PAPER WITH THE SAME REQUESTED INFORMATION REGARDING YOUR EMPLOYMENT RECORD

SKILLS AND EXPERIENCE

Please list any special qualifications, training, education, skills, experience, or fluency in other languages that you feel warrant consideration by the company.

By signing this application for employment, I certify that I have read and understand all parts of it and certify that all the information provided by me in order to apply for and secure work with Livingston & Haven, LLC is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or to immediately discharge me from the employer's services.

I authorize Livingston & Haven, LLC and its representatives to investigate my education, employment experience, criminal conviction record, and all other aspects of my background relevant to employment, including all statements made by me in my application for employment. I understand that my undergoing a drug test is a part of the application process. Please note that a positive result will disqualify you from consideration for employment and that a negative result does not guarantee employment. Any applicants not willing to comply with this requirement should not return a completed application form.

I understand that my employment with Livingston & Haven, LLC is for no definite length of time and that my employment may be terminated at any time, with or without cause and with and without notice at the option of Livingston & Haven, LLC or myself. I also understand that no employee or representative of Livingston & Haven, LLC has authority to make an agreement which is contrary to the foregoing.

I understand that the application remains current for 90 days. At the conclusion of that time, if I have not heard from Livingston & Haven, LLC and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

Signature _____ Date _____



Voluntary Self Identification Form

FOR STATISTICAL REPORTING WE ASK THAT YOU VOLUNTARILY
PROVIDE THE INFORMATION BELOW.

This voluntary survey assists us in complying with government record keeping, reporting, and other legal requirements. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your application for employment or personnel file.

**YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY
EMPLOYMENT DECISION.**

Government agencies require periodic reports on the sex and other protected status of applicants and employees. This data is for statistical analysis with respect to the success of the Company's Affirmative Action program.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Position Applied For: _____

Check one: Male Female

Check ONE of the following:

- | | |
|---|---|
| <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino) | <input type="checkbox"/> Two or More Races (not Hispanic or Latino) |
| <input type="checkbox"/> American Indian/Alaskan Native (not Hispanic or Latino) | |

The Company is an equal employment opportunity employer and we do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran, disability, or any other similarly protected status. This form will be kept confidential and used only in accordance with applicable laws and regulations. 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. It will in no way impact the consideration of your application for employment. We comply with applicable government regulations regarding our Affirmative Action Plan responsibilities.

Affirmative Action Definitions

American Indian or Alaskan Native: A person with origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian: A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, Japan, Korea, the Philippine Islands, Malaysia, Pakistan, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black/African-American: A person, not of Hispanic origin, with origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South 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.

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

Voluntary Self-Identification of Disability

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