



## Application for Employment

PAL seeks qualified, motivated professionals who possess outstanding records of accomplishment in cultural resource management. Attracting and retaining top-quality diverse talent is critical to PAL's mission to provide the highest level of service to our clients.

Please complete the entire application. You may attach a resume, but you must complete all questions on this document. Please fill out each section.

Applying for:	Your Full Name:		
Street Address:		City, State & Zip:	
Best contact phone number:	Other Phone:	How did you hear about PAL?	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what company and what is your current job title?	
Have you ever been employed by PAL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
What type of employment are you interested in?		Field position Laboratory position Historic Preservation position	
<b>Applicants for field positions only:</b>			
If required for your PAL job, do you have a valid driver's license?	_____ Yes	_____ No	
If a conditional offer of employment is made for a position that requires the operation of company vehicles, will you provide proof of your driving record?	_____ Yes	_____ No	

## EDUCATION

Name of School	City/State	Did you graduate?	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other credentials: licenses, professional affiliations, <b>SAFETY</b> certifications, etc.				

## SKILLS

Please list technical skills, research skills, and administrative skills relevant to this position. Include computer systems and software applications and describe your level of experience.

## WORK EXPERIENCE

Please detail your last three consecutive jobs beginning with your most recent employer. Omission of previous employment may be considered falsification of information. A resume may be attached outlining additional work history. **PLEASE NOTE:** PAL will request at least three employment references before extending an offer of employment.

<b>Dates Employed</b> ( <i>most recent position</i> )	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

<b>Dates Employed</b>	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
<b>Dates Employed</b>	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

**Please read the information below carefully. Your signature indicates that you understand and accept the conditions affecting your application for employment.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete this application, or the misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize PAL to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.

I acknowledge being provided the opportunity to participate in the Affirmative Action Program by reporting my status as disabled, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation, I was advised that I was under no obligation to respond, but could do so in the future if I choose.

If requested, I agree to submit to a physical exam (including screening for illegal substances), and a criminal, driving, and educational background check upon a conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of PAL are employed at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

**Applicant's Signature:** \_\_\_\_\_  
**Applicant's Printed Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*PAL is committed to providing equal employment opportunity for all employees and all applicants for employment. All employment decisions at PAL, including those relating to hiring, promotion, transfers, benefits, compensation, and terminations, will be made without regard to any legally-recognized category, including, but not limited to, age, race, color, religion, sex (including pregnancy), sexual orientation, gender identity/expression, national/ancestral origin, disability, protected veteran status, and genetic information.*

## PAL VOLUNTARY SELF-DISCLOSURE FORM

The Public Archaeology Laboratory, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. We are a company that values diversity.

Applicants for employment are invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program.

We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Please consider completing the information requested below. Thank you for your cooperation.

### Section 1: General Applicant Information

<b>Name</b>	<b>Date</b>
<b>Position applied for</b>	

### Section 2: Please check all that apply (See next page for definitions)

<b>Race or Ethnic Identity</b>	<b>Gender</b>	<b>**Veteran Status</b>
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Other Protected Veteran
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> Asian (not Hispanic or Latino)		Armed Forces Service Medal Veterans
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		<b>**Other</b>
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)		<input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> <b>I do not wish to Self-Identify</b>		
<b>Signature:</b>		
<b>How did you hear of our opening?</b>		
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other:		

## EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

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

**White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)**

A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

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

**Asian (Not Hispanic or 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.

**American Indian or Alaska Native (Not Hispanic or Latino)**

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 (Not Hispanic or Latino)**

All persons who identify with more than one of the above five races.

**Individual with Disabilities**

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

**Veteran of the Vietnam-Era**

Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

**Special Disabled Veteran**

Means (i) 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

**Other Protected 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 laws administered by the Department of Defense.

**Recently Separated Veteran**

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

**Armed Forces Service Medal Veteran**

Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### 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.<sup>1</sup> 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

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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.

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<sup>i</sup> 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](http://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.