

**WALDEMAR S. NELSON AND COMPANY  
INCORPORATED**

**2 NORTHPOINT DRIVE  
SUITE 300  
HOUSTON, TEXAS 77060**

**1200 ST. CHARLES AVENUE  
NEW ORLEANS, LOUISIANA 70130  
EEO EMPLOYER  
EMPLOYMENT APPLICATION**

**10375 RICHMOND AVENUE  
SUITE 600  
HOUSTON, TEXAS 77042**

**PERSONAL INFORMATION**

**DATE:** \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

PHONE NO.: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

	SCHOOL	NO. OF YRS.	DEGREE, MAJOR OR TYPE OF COURSE	DATE OF GRADUATION
GRADUATE SCHOOL				
COLLEGE & EIT TEST DT.				
TRADE OR BUSINESS				
HIGH SCHOOL				
P.E.#/STATE				

**EMPLOYMENT HISTORY:**

LIST PRESENT OR MOST RECENT EMPLOYER FIRST. MAY WE CONTACT THESE EMPLOYERS? YES   
NO

FIRM'S NAME, DESCRIPTION OF WORK AND REASON FOR LEAVING:	FROM	TO	SALARY
1.			
2.			
3.			

DATE AVAILABLE FOR WORK: \_\_\_\_\_

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT  
HERE? YES  NO

IF YES, EXPLAIN \_\_\_\_\_

**GENERAL INFORMATION:**

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?

YES

NO

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT HERE?

YES

NO

IF YES, WHEN? \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

NAME AND ADDRESS:

OCCUPATION:

PHONE NO.:

NAME AND ADDRESS:	OCCUPATION:	PHONE NO.:

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

I UNDERSTAND THAT MY EMPLOYMENT IS AT WILL AND THAT I CAN QUIT MY EMPLOYMENT AND THE COMPANY CAN TERMINATE MY EMPLOYMENT WITHOUT ANY REASON AT ANY TIME. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE PRESIDENT OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT; ANY EMPLOYMENT FOR A TERM MUST BE IN WRITING AND SIGNED BY THE PRESIDENT OF THE COMPANY.

I AUTHORIZE PERSONS, SCHOOLS, MY CURRENT EMPLOYER (IF APPLICABLE), AND PREVIOUS EMPLOYERS AND ORGANIZATIONS NAMED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) TO PROVIDE ANY RELEVANT INFORMATION THAT MAY BE REQUIRED TO ARRIVE AT AN EMPLOYMENT DECISION.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

***THIS APPLICATION WILL REMAIN VALID FOR THREE MONTHS.***

**FOR OFFICE USE ONLY**

DATE EMPLOYED: \_\_\_\_\_

EMPLOYMENT RECOMMENDED BY: \_\_\_\_\_

POSITION: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

RATE/STATUS: \_\_\_\_\_

## **VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

Please be advised that this survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veterans status, the presence of a non-job-related medical condition or disability, or any other legal protected status.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Sex:** M \_\_\_\_ F \_\_\_\_

**Marital Status:** \_\_\_\_\_

**No. of Children:** \_\_\_\_\_

**Nation of Birth:** \_\_\_\_\_

**(City / State):** \_\_\_\_\_

### **Race & Ethnic Categories:**

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

- Hispanic or Latino**
- White – (Not Hispanic or Latino)**
- Black or African American – (Not Hispanic or Latino)**
- Native Hawaiian or Other Pacific Islander - (Not Hispanic or Latino)**
- Asian – (Not Hispanic or Latino)**
- American Indian or Alaska Native – (Not Hispanic or Latino)**
- Two or More Races – (Not Hispanic or Latino)**

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### **EQUAL EMPLOYMENT OPPORTUNITY STATEMENT OF INVITATION TO SELF-IDENTIFY VETERANS AND DISABLED STATUS**

#### **Policy:**

As an entity that contracts with the federal government this employer is subject to Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans Readjustment Assistance Act of 1974 ("VEVRAA"), as amended, and the Jobs for Veterans Act ("JVA"). These laws require entities which contract with the federal government to take affirmative action to employ and advance in employment qualified individuals with disabilities and various types of veterans. If you have a disability or are a veteran as defined below and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

**Submission of this information is voluntary** and failure or refusal to provide it will not subject you to any adverse treatment. This information shall be kept confidential, except that (i) appropriate personnel may be informed regarding restrictions on the work duties of disabled individuals in order to provide reasonable accommodations, (ii) first aid personnel may be informed when, and to the extent appropriate, if the condition might require emergency treatment, and (iii) government officials engaged in enforcing laws administered by the OFCCP or the Americans with Disabilities Act may be informed in order to review compliance with the applicable executive orders and laws. The information will be used only in ways that are consistent with applicable laws.

If you would like to be considered under the affirmative action program, please sign and return this page to the Human Resources Department.

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**For veterans, please check applicable veteran status (may be more than one): For questions on veteran status please refer to the following website: <http://www.opm.gov/staffingportal/vgmedal2.asp#content>**

\_\_\_\_ **01 Armed Forces Services Medal**

(Served on active duty for a period of more than 180 days, part of which was between Feb. 28, 1961 through May 7, 1975, and was discharged or released with other than a dishonorable discharge)

\_\_\_\_ **02 Other Eligible Veteran**

(Served on active duty during a war, or in a campaign or expedition for which a campaign badge has been authorized)

\_\_\_\_ **03 Disabled Veteran**

(A veteran who is entitled to compensation under laws administered by the Veterans Administration for a disability, or a person who was discharged; or released from active duty because of service-connected disability.)

\_\_\_\_ **04 Newly Separated Veteran** (Please list Discharge Date \_\_\_/\_\_\_/\_\_\_\_)

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

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**Name (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires \_\_\_\_\_

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

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

## 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.

<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).