



# **REULAND** EMPLOYMENT APPLICATION COVER LETTER

17969 Railroad Street, City of Industry, California 91748 HR Direct 626.854.5193 HR Fax: 626.270.4469 Email: [hr-ca@reuland.com](mailto:hr-ca@reuland.com)  
Main: 626.964.6411 [www.reuland.com](http://www.reuland.com)

## PLEASE READ BEFORE REVIEWING AND COMPLETING THE FOLLOWING APPLICATION FOR EMPLOYMENT AND OTHER RELATED FORMS

### **AN INCOMPLETE APPLICATION MAY AFFECT YOUR CONSIDERATION FOR EMPLOYMENT**

Thank you for applying for a position at Reuland, a leading manufacturer of custom electric motors, electro-magnetic brakes, gear reducers and electronic drive products/systems, foundry products, and machining services.

Reuland is committed to a policy of Equal Employment Opportunity and will not discriminate against any applicant or employee on the basis of Sex, Sexual Orientation, Race, Color, Religious Creed, Martial Status, Family and Medical Care Leave Status, National Origin, Ancestry, Medical Condition, Genetic Information, Age, Disability, Gender, Gender Identity, Gender Expression, Pregnancy Disability Leave or Reasonable Accommodation, Citizenship Status, Veteran or Military Status, or any other legally recognized basis under Local, State, Federal laws or regulations. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Enclosed in this package are:

- (1) Application For Employment – page 2 -3
- (2) Employment Reference Form – page 4
- (3) Voluntary Disclosure Form – page 5
- (4) Voluntary Self-Identification of Disability – page 6
- (5) Voluntary Self-Disclosure of Veteran Status – page 7
- (6) Veterans Policy Statement – page 8
- (7) Equal Employment Opportunity Policy Statement – page 9

Applicants with disabilities may be entitled to reasonable accommodation. If you believe that you are a qualified individual with a disability or a disabled veteran and need a reasonable accommodation in the application process, please contact Human Resources at 17969 Railroad St., Industry, CA 91748; Phone 626.854.5193 or email [HR-ca@reuland.com](mailto:HR-ca@reuland.com)

If you have any questions or need any assistance in completing or submitting any of these documents, please contact Reuland's Human Resources at 17969 Railroad St., Industry, CA 91748; Phone 626.854.5193 or email [HR-ca@reuland.com](mailto:HR-ca@reuland.com)

We wish you the best in your job search.



|  |  |  |   |  |        |   |
|--|--|--|---|--|--------|---|
| Name   |  |  |   |  |        |   |
|  | Last   |  | First   |  | MI     |   |
| Address  |  |  |   |  |        |   |
|  | Number & Street  |  | City  | State  | ZIP    | Telephone   |
| Email address:   |  |  | Were you previously employed with us?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes when?   |        |   |
| If under 18 years, can you submit a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  | Can you provide proof of legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |  |        |   |
| Type of work you are applying for?   |  |  |   |  | Shift? | <input type="checkbox"/> Day <input type="checkbox"/> Eve<br><input type="checkbox"/> Grave |
| Full-time  | <input type="checkbox"/>                                 | Part-time  | <input type="checkbox"/>  | Date available to start  |        |   |
| <b>Education and Experience</b>  |  |  |   |  |        |   |
| a. High School?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes:  | Highest Grade Completed (check one): 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> |  |        |   |
| School Name:   |  |  |   | School Location:   |        |   |
| If No:   |  | GED Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |        |   |
| b. College, Trade or Technical School? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |  |        |   |
| Subject or Major:  |  |  | If Yes:   | Did you graduate? <input type="checkbox"/> Yes No <input type="checkbox"/> |        | Did you receive a Certificate?<br><input type="checkbox"/> Yes No <input type="checkbox"/>  |
| School Name:   |  |  |   | School City & State:   |        |   |
| c. Apprenticeship served? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |   |  |        |   |
| If Yes:  |  |  | Journeyman:   |  |        |   |
| Trade or Affiliation:  |  |  |   |  |        |   |
| Please use this space to include any additional education, experience, hobbies or interests, skills, abilities and/or experiences which you feel would be helpful for work with Reuland. |  |  |   |  |        |   |
|  |  |  |   |  |        |   |

**Work History**

Please list the information requested for all of your employers for the past ten years beginning with the most recent. If you need additional space, please attach a separate sheet. Resumes may not be substituted in place of completing the following employment information.

|                               |               |             |  |  |
|-------------------------------|---------------|-------------|--|--|
| Employer Name:                |               |             |  |  |
| Employer Address:             |               |             |  |  |
| Dates Employed                | From (Mo/Yr): | To (Mo/Yr): | Employer Tel. #  |  |
| Job Title:                    |               |             |  |  |
| Primary Responsibilities:     |               |             |  |  |
| Name of Immediate Supervisor: |               |             | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Reason for leaving:           |               |             |  |  |

|                               |               |             |  |  |
|-------------------------------|---------------|-------------|--|--|
| Employer Name:                |               |             |  |  |
| Employer Address:             |               |             |  |  |
| Dates Employed                | From (Mo/Yr): | To (Mo/Yr): | Employer Tel. #  |  |
| Job Title:                    |               |             |  |  |
| Primary Responsibilities:     |               |             |  |  |
| Name of Immediate Supervisor: |               |             | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Reason for leaving:           |               |             |  |  |

|                               |               |             |  |  |
|-------------------------------|---------------|-------------|--|--|
| Employer Name:                |               |             |  |  |
| Employer Address:             |               |             |  |  |
| Dates Employed                | From (Mo/Yr): | To (Mo/Yr): | Employer Tel. #  |  |
| Job Title:                    |               |             |  |  |
| Primary Responsibilities:     |               |             |  |  |
| Name of Immediate Supervisor: |               |             | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Reason for leaving:           |               |             |  |  |

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING:**

I understand that I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to start work with Reuland. \_\_\_\_\_ Initials

I understand that I may be subject to a background check after receiving a conditional offer of employment, and must receive satisfactory results before being permitted to start work with Reuland. \_\_\_\_\_ Initials

I authorize Reuland and its representatives to contact my prior employers (unless I marked "No" next to "May we contact") for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. \_\_\_\_\_ Initials

I understand employment with Reuland is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. \_\_\_\_\_ Initials

I understand and agree that, if hired, my employment will be at will, which means employment is for an indefinite period of time and may be terminated by myself or Reuland at any time, with or without cause, and with or without notice. I further understand and agree that no manager or representative of Reuland, other than the President, has the authority to enter into any agreement with me for employment for a specific period of time or to make any agreement contrary to the at-will employment relationship. \_\_\_\_\_ Initials

I certify that all of the above information is true and complete, and I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in termination at any time during the period of my employment regardless of the amount of time that has passed. \_\_\_\_\_ Initials

**MY SIGNATURE MEANS THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



# REULAND

## EMPLOYMENT REFERENCE FORM

17969 Railroad Street, City of Industry, California 91748 HR Direct 626.854.5193 HR Fax: 626.270.4469 Email: hr-ca@reuland.com

To:

**Former Employee Information**

|  |                                    |  |
|--|------------------------------------|--|
|  | Name:                              |  |
|  | Social Security #<br>last 4 digits |  |
|  | Date:                              |  |

**The above applicant has applied for a position with us. Your verification of service will be appreciated and kept confidential.**

**Applicant's Verification Authorization:**

I hereby authorize the company or person named above to give any and all information regarding my employment and any other information, whether personal or otherwise, that may or may not be on record. I hereby release said company or person from all liability or any damage that may result from furnishing such information to Reuland.

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Former Employer: Please fill in this section and return to the Human Resources Dept. - Fax:626.270.4469**

Employed from:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

to:

Job Classification:

|  |
|--|
|  |
|--|

**Please indicate by checking:**

|                           | <u>Excellent</u>         | <u>Good</u>              | <u>Fair</u>              | <u>Poor</u>              |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Quality of work:          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quantity of work:         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude and Cooperation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance:               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct:                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reason for leaving:

|  |
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Would you rehire?

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Remarks:

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Company:

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Signature:

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Title:

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An Equal Opportunity Employer

Reuland is an equal opportunity employer. In order to comply with the US Department of Labor regulations, Reuland is required to compile summary data on certain demographic information about its applicants and employees.

The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by Reuland and the US Department of Labor. This information is confidential, maintained in separate files, and is not used in the determination of your eligibility for hire, promotion, transfer, or tenure. Providing this information is VOLUNTARY; however, the US Department of Labor endorses self-identification of race and ethnic categories, as opposed to visual identification by employers. Refusal to provide this information will not subject you to adverse treatment.

Each applicant who applies for employment with this company is required to complete either Part A or Part B of this form under the requirements of State and Federal employment practices, laws and regulations. As protected by law, this company cannot and does not determine whether or not to hire the applicant from the information provided by this form.

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

Completed by: (Print your name) \_\_\_\_\_

(Sign your name) \_\_\_\_\_

Part A

|  |  |
|--|--|
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Race/Ethnicity: (Check one)  | Referral Source: (Check one)   |
| <input type="checkbox"/> American Indian/Alaska Native             | <input type="checkbox"/> Cal Jobs / EDD Employment Office                        |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Agency (Specify)  |
| <input type="checkbox"/> Pacific Islander/Native Hawaiian          | <input type="checkbox"/> Friend/Relative Referral                                |
| <input type="checkbox"/> African American/Black                    | <input type="checkbox"/> Internet Post   |
| <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> Newspaper Ad (Specify)                                  |
| <input type="checkbox"/> White                                     | <input type="checkbox"/> Not Specified/Walk-In                                   |
| <input type="checkbox"/> Two or more races                         | <input type="checkbox"/> Community-Based Organization                            |
| (Persons who identify with more than one of the above)             | <input type="checkbox"/> School – Placement Office                               |
|  | <input type="checkbox"/> Veteran/Disabled Veteran Referral Source or Publication |
|  | <input type="checkbox"/> Womens Job Referral Source                              |
|  | <input type="checkbox"/> Disabled Worker Referral Source or Publication          |
|  | <input type="checkbox"/> Other (including outreach programs)                     |

You may request any necessary accommodation to participate in the application process; we will provide accommodation unless an undue hardship would result.

Part B

I do not wish to furnish this information.



Voluntary Self-Identification of Disability
Form CC-305 OMB Control Number 1250-0005
Page 1 of 1 Expires 05/31/2023

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

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

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:

- Autism
• Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
• Blind or low vision
• Cancer
• Cardiovascular or heart disease
• Celiac disease
• Cerebral palsy
• Deaf or hard of hearing
• Depression or anxiety
• Diabetes
• Epilepsy
• Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
• Intellectual disability
• Missing limbs or partially missing limbs
• Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
• Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
 No, I Don't Have A Disability, Or A History/Record Of Having A Disability
 I Don't Wish 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.

**Voluntary Self-Disclosure of Veteran Status**

17969 Railroad Street, City of Industry, California 91748. HR:626.854.5193 HR Fax: 626.270.4469 email:hr-ca@reuland.com

Reuland 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 as follows:

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.

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.

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.

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.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. 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 believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Your response to this request is voluntary and refusal to provide it will not subject you to any adverse treatment.

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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

Check one:

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO ANSWER



The Company includes an equal opportunity policy statement in its affirmative action program, and posts the policy statement on Company bulletin boards. The Company ensures that applicants and employees who are special disabled veterans are informed of the contents of the policy statement. (For example, the Company will have the statement read to a visually disabled individual, or will lower the posted notice so that it may be read by a person in a wheelchair.) The President of the Company, Noel Reuland, fully supports this program. The Company provides for an audit and reporting system and assigns overall responsibility for the implementation of its affirmative action activities (see below). The Company will: recruit, hire, train and promote persons in all job titles, and ensure that all other personnel actions are administered without regard to special-disabled veteran or Vietnam-era veteran or other veteran status. Further, the Company will ensure that all employment decisions are based only on valid job requirements. Employees and applicants shall not be subjected to harassment, intimidation, threats, coercion or discrimination because they have engaged in or may engage in any of the following activities:

- (1) Filing a complaint;
- (2) Assisting or participating in an investigation, compliance evaluation, hearing, or any other activity related to the administration of the affirmative action provisions of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended (VEVRAA) or any other Federal, State or local law requiring equal opportunity for special disabled veterans or veterans of the Vietnam era or other veterans;
- (3) Opposing any act or practice made unlawful by VEVRAA or its implementing regulations or any other Federal, State or local law requiring opportunity for special disabled veterans or veterans of the Vietnam era or other veterans; or
- (4) Exercising any other right protected by VEVRAA or its implementing regulations in this part.

The Company ensures that personnel actions with reference to such matters as compensation, benefits and Company- sponsored activities will be administered equitably to all employees. In offering employment or promotions, this Company will not reduce the amount of compensation offered because of any disability income, pension or other benefit the applicant or employee receives from another source.

“Veterans” include qualified disabled veterans, recently separated veterans, other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985, and other protected veterans.

Reuland’s Affirmative Action Plan is available for your personal review by appointment in the Human Resources office on Wednesdays from 8:30 AM to 11:30 AM, or at another mutually agreeable time or location. Appointments may be scheduled by contacting Eli Yorba at Ext. # 6683.

Noel Reuland  
President





**TO ALL APPLICANTS AND EMPLOYEES**

We at Reuland believe that each individual is entitled to equal employment opportunity without regard to Sex, Sexual Orientation, Race, Color, Religious Creed, Marital Status, Family and Medical Care Leave, National Origin (including language limitations), Ancestry, Medical Condition (Cancer/Genetic Characteristics), Genetic Information, Age (40 and above for CA and OH and any age for MI and MT), Disability (Mental and Physical) including HIV and AIDS, Gender, Gender Identity, Gender Expression, Pregnancy Disability Leave or Reasonable Accommodations, Citizenship Status, as well as Veteran or Military Status, or any other consideration made unlawful by applicable State or Federal laws or regulations.

The right of equal employment opportunity extends to Recruitment, Applicants, Hiring, Promotion, Training, Discipline, Treatment during Employment, Transfer or Demotion, Advertising or Solicitation for Employment, Compensation, Layoff or Termination, and other conditions of employment.

In keeping with the above policy, the Human Resources Department will periodically conduct an analysis of related Affirmative Action information to ensure equal opportunity.

Eli Yorba (Extension 6683) has been designated as the EEO Administrator for the implementation and administration of our Equal Opportunity and Affirmative Action Program.

Reuland's Affirmative Action Program is available for your personal review by appointment in the Human Resources office, on Wednesdays from 8:30 AM to 11:30 AM, or at another mutually agreeable time or location. Appointments may be scheduled by contacting Eli Yorba at Ext. # 6683.

We encourage our employees to participate in community programs that promote and encourage equal employment practices.

Every effort is to be made to achieve full and equal employment opportunity and to increase the utilization of minorities, females, disabled persons and veterans at all levels of the Company.

Noel Reuland  
President