Diamond Drugs, Inc.
645 Kolter Drive
Commerce Park
Indiana, Pa 15701-3570

Phone: 800-882-6337

Fax: 724-349-2944

Voluntary Affirmative Action Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application. In an effort to comply with requirement regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. 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.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

COMPLETION OF ANY OR ALL OF THE INFORMATION BELOW IS VOLUNTARY

PLEASE PRINT

Position(s) applied for_____ Date: _____

REFERRAL SOURCE

_____ Walk-in _____ Government Employment Agency _____Private Employment Agency _____ Employee

_____ Relative _____ School _____Other _____ Advertisement Source_____

APPLICANT INFORMATION

Name_____
LAST FIRST MIDDLE

Adress_____
STREET CITY STATE ZIP

Please mark the following Equal Employment Opportunity Identification Groups:

Gender:

□ Male □ Female

Race:

□White (not of Hispanic origin) □Black (not of Hispanic origin) □Hispanic □American Indian/Alaskan Native
□Asian/Pacific Islander □2 or more races □Other: _____

Protected Veterans:

_____ I am a Protected Veteran _____ I am not a Protected Veteran

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PERSONAL (Please Print Using Ball Point Pen). DATE:

Last Name	First	Middle	Cell Phone Number	Home Telephone

Address	City	State	Zip

Are you at least 18 years of age? ___ YES ___ NO If under 18, list date of birth Month/Day/Year __/___/_____	Have you ever worked for Diamond before? ___ YES ___ NO	Have you ever applied here before ___ YES ___ NO

EMPLOYMENT INTERESTS AND SKILLS

Type of Employment you are Seeking:

___Full-Time (36-40 hours)

___Partially-Benefited (30-35 hours)

___Part-Time (30 or less hours)

Date Available for Work _____

Total Hours Expected _____

Wages Expected _____

I Am Available To Work The Following

Shift: ___Day ___Night ___Any Shift

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
FROM							
TO							

___Any Time

Type of work Preferred:	**Position Desired:**	**Years Of Experience In This Work:**

If applying for Delivery position please provide Valid PA Driver's License #_____Exp. Date:_____

Names of other employees in this company with whom you are acquainted:_____

_____

How did you know of this opening? _____

_____

EDUCATION

Name and address of school	Types of courses of program study	Length of course	Complete course?

Name: _____ Date: _____

Give past employment as completely as possible, starting with you present or latest employer, including summer employment. For any unemployed or self-employed periods, show dates and location.

	Month	Day	Year	Employer's Name & Address, City, State and Zip	Name & Title of Immediate Supervisor	Last Position & Wage	Reason for Leaving
From				Employer: Address:			
To				Phone Number:			

Job Duties:_____

_____

	Month	Day	Year	Employer's Name & Address, City, State and Zip	Name & Title of Immediate Supervisor	Last Position & Wage	Reason for Leaving
From				Employer: Address:			
To				Phone Number:			

Job Duties:_____

_____

	Month	Day	Year	Employer's Name & Address, City, State and Zip	Name & Title of Immediate Supervisor	Last Position & Wage	Reason for Leaving
From				Employer: Address:			
To				Phone Number:			

Job Duties:_____

_____

Why do you wish to leave your present employer?_____

_____

State any additional information you think would be of interest to us in considering your application, such as skills and abilities:_____

_____

List 1 personal reference: Name:_____ Phone: _____ Yrs. Acquainted: ____

List 2 professional references: Name:_____ Phone: _____ Yrs. Acquainted: ____

Name:_____ Phone: _____ Yrs. Acquainted: ____

STATEMENT OF ACCURACY AND RELEASE (Read Before Signing)

DUE TO THE HIGHLY REGULATED NATURE OF OUR BUSINESS, ALL APPLICANTS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK PRIOR TO EMPLOYMENT

I certify that the information contained in this application is complete and correct. I understand that incomplete or incorrect information may be grounds for termination if I am hired. I authorize all schools, former employers, references, arrest records and others who have information about me, to provide such information to the employer and release all parties from any liabilities for any damage that may result from providing such information.

If employed I agree to conform to the rules, regulations, policies and procedures, of the employer and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the employer or me.

This application is considered current for 1 year. If you wish to be considered for later employment, you must renew and update your application in writing.

Signature: _____ Date _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____ Date: _____

Employee ID: _____
(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.

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.
For example:
Job Title: _____ Date of Hire: _____

Diamond Drugs, Inc.

Voluntary Affirmative Action Information

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, Active Duty Wartime or Campaign Badge Veterans, and Armed Forces service medal veterans.

If you are a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please contact our Human Resources Department.

Disabled Veteran – refers to a veteran 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, or was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran – refers to any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.

Other Protected Veteran Include Active Duty Wartime or Campaign Badge Veterans – refers to a person 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.

Armed Forces Service Medal Veteran - refers to a person who, while serving on active duty in the Armed Forces, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).

Service Medal Veteran – any veteran who, while serving on active duty in the U.S. military ground, naval or air service medal was awarded.

You may inform us of your desire to benefit under the program at any time.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations: first aid and safety personnel may be informed when and to the extent appropriate, if you have a condition that might require emergency treatment, and Government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

Diamond Drugs, Inc.'s Affirmative Action Plan is to focus on the organization's recruiting, hiring, training and promotion for all individuals and for all individuals to have an equal opportunity in the placement of employment at Diamond Drugs, Inc.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify

E-VERIFY IS A SERVICE OF DHS AND SSA

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

English / Spanish Poster

IF YOU HAVE THE RIGHT TO WORK



DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at 8 U.S.C. § 1324b.

The Immigrant and Employee Rights Section (IER) may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the Form I-9 or using E-Verify (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

Immigrant and Employee Rights Section (IER)

1-800-255-7688 **TTY 1-800-237-2515**

www.justice.gov/ier

IER@usdoj.gov

U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for All Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.

SI USTED TIENE DERECHO A TRABAJAR



NO DEJE QUE NADIE SE LO QUITE

Si usted dispone de las capacidades, experiencia y derecho legal a trabajar, su estatus migratorio o de ciudadanía no debe representar un obstáculo, ni tampoco lo debe ser el lugar en que usted nació o ningún otro aspecto de su nacionalidad de origen. Existe una parte de las leyes migratorias de los EE. UU. que protegen a los trabajadores que cuentan con la debida autorización legal para trabajar de la discriminación por motivos de su estatus de ciudadanía o nacionalidad de origen. Puede consultar esta ley contenida en la Sección 1324b del Título 8 del Código de los EE. UU.

Es posible que la Sección de Derechos de Inmigrantes y Empleados (IER, por sus siglas en inglés) pueda ayudar si un empleador lo trata de una forma injusta, en contra de esta ley.

La ley que hace cumplir la IER es la Sección 1324b del Título 8 del Código de los EE. UU. Los reglamentos de dicha ley se encuentran en la Parte 44 del Título 28 del Código de Reglamentos Federales.

Llame a la IER si un empleador:

No lo contrata o lo despide a causa de su nacionalidad de origen o estatus de ciudadanía (esto podría representar una vulneración de parte de la ley contenida en la Sección 1324b(a)(1) del Título 8 del Código de los EE. UU.)

Lo trata de una manera injusta a la forma de comprobar su derecho a trabajar en los EE. UU., incluyendo al completar el Formulario I-9 o utilizar E-Verify (esto podría representar una vulneración de la ley contenida en la Sección 1324b(a)(1) o (a)(6) del Título 8 del Código de los EE. UU.)

Toma represalias en su contra por haber defendido su derecho a trabajar al amparo de esta ley (la ley prohíbe las represalias, según se indica en la Sección 1324b(a)(5) del Título 8 del Código de los EE. UU.)

Esta ley puede ser complicada. Llame a la IER para más información sobre las protecciones existentes contra la discriminación por motivos del estatus de ciudadanía o la nacionalidad de origen.

Sección de Derechos de Inmigrantes y Empleados (IER)

1-800-255-7688 **TTY 1-800-237-2515**

www.justice.gov/crt-espanol/ier

IER@usdoj.gov

Departamento de Justicia de los EE. UU., División de Derechos Civiles, Sección de Derechos de Inmigrantes y Empleados, enero del 2019

Este documento de orientación no tiene como propósito ser una decisión definitiva por parte de la agencia, no tiene ningún efecto jurídicamente vinculante y puede ser rescindido o modificado a la discreción del Departamento, conforme a las leyes aplicables. Los documentos de orientación del Departamento, entre ellos este documento de orientación, no establecen responsabilidades jurídicamente vinculantes más allá de lo que se requiere en los términos de las leyes aplicables, los reglamentos o los precedentes jurídicamente vinculantes. Para más información, véase «Memorándum para Todos Los Componentes: La Prohibición contra Documentos de Orientación Impropias», del Fiscal General Jefferson B. Sessions III, 16 de noviembre del 2017.