



# EMPLOYMENT APPLICATION



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

APPLICANT INFORMATION			
Last Name	First	M.I.	
Street Address		SSN	
City	State	ZIP	
Phone	E-mail Address		
Date Available to Start Work	Have you lived in another state(s) in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
List the dates you lived in another state(s)		Which state(s)?	
How did you hear about CAI? <input type="checkbox"/> Career Builder <input type="checkbox"/> Pilot Online <input type="checkbox"/> Newspaper <input type="checkbox"/> Monster <input type="checkbox"/> HotJobs <input type="checkbox"/> Other/Website: _____			

WORK ELIGIBILITY			
Position Applied for			
<b><i>Applicants applying for management positions are required to submit a copy of their diplomas with this application.</i></b>			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION			
<b>High School</b>		City/State	Year Grad.
If no High School Diploma, do you have a GED? <input type="checkbox"/> Y <input type="checkbox"/> N		City/State	Date Rec.
Did you graduate YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when		Degree
<b>College/University</b>		City/State	
Did you graduate YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when		Degree
<b>Trade School/Other</b>		City/State	
Did you graduate YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when		Degree

REFERENCES			
<i>Please list three professional references.</i>			
Full Name	Supervisor <input type="checkbox"/>	Co-Worker <input type="checkbox"/>	Other Manager <input type="checkbox"/>
Company Worked Together	Phone (      )		
Address			
Full Name	Supervisor <input type="checkbox"/>	Co-Worker <input type="checkbox"/>	Other Manager <input type="checkbox"/>
Company Worked Together	Phone (      )		
Address			

Full Name	Supervisor <input type="checkbox"/>	Co-Worker <input type="checkbox"/>	Other Manager <input type="checkbox"/>
Company	Phone (      )		
Address			

**PREVIOUS EMPLOYMENT**

*Applicants submitting resumes must complete ALL portions of this application. "See Attached" will not be accepted.*

Company	Phone (      )		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> If No, Why?			

Company	Phone (      )		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> If No, Why?			

Company	Phone (      )		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> If No, why?			

**DRIVING INFORMATION**

Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently insured?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's License No.	State of Issue	What is your means of transportation to work?		
<i>Please note:</i> If you are employed by CAI/CCI in a position that requires driving, you will be required to show proof of insurance				
Any automobile-related accidents in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How many?	
Any moving violations in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How many?	

**CONVICTIONS**

Have you been convicted for any violations of the law, including moving traffic violations, in the past 7 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Are you currently subject to pending charges of violations of the law, including moving traffic violations?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Description of Offense or Pending Charges

Statute or ordinance (if known)	Date of charge	Date of conviction
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County, City, State of Conviction

**SHIFT/STATUS INFORMATION**

Which shifts will you accept?	Day <input type="checkbox"/>	Evening <input type="checkbox"/>	Night <input type="checkbox"/>	Rotating <input type="checkbox"/>	Weekend <input type="checkbox"/>
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Which status will you accept?	Full-time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Specify shift hours
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In which cities are you willing to work?

**MILITARY SERVICE**

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

**PREVIOUS EMPLOYMENT WITH CAI/CCI, CAMG**

Have you previously worked for CAI, CCI, or CAMG?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Dates worked
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Were you referred by a current or former employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, who referred you?
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Your exit from the company was:	<input type="checkbox"/> VOLUNTARY	<input type="checkbox"/> INVOLUNTARY	Reason you left
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**DISCLAIMER AND SIGNATURE**

State law prohibits licensed homes for adults and licensed day support centers from hiring any individuals convicted of certain crimes, known as "barrier crimes." The following list includes some, but not all, of the crimes specified as barriers to employment in the Code of Virginia: murder, abduction for immoral purposes, assaults and bodily wounding, robbery, sexual assault, arson, pandering, crimes against nature involving children, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offenses, abuse and neglect of an incapacitated adult, or any felony violation relating to the distribution and/or possession of drugs.

The information requested in this application for employment is for a legally permissible reason, including, without limitation, national security consideration, and a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above listed types of discrimination, as well as additional types, such as discrimination based on ancestry, marital status, sexual orientation, and physical or mental disability.

I hereby certify that all entries on all sides of this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with Community Alternatives, Inc., Community Choices, Inc., and Community Alternatives Management Group. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references, former employers, and educational institutions listed being contacted regarding this application.

Signature

Date



**INFORMATION REQUEST**

**REQUESTER INFORMATION**

Organization Name				<b>Community Alternatives, Inc.</b>			
Street Address				<b>863 Glenrock Rd., Suite 200</b>		Telephone Number	
						<b>(757) 468-7000</b>	
City		State		Zip Code		Federal Tax ID	
<b>Norfolk</b>		<b>VA</b>		<b>23502</b>			
Use Agreement Number (if applicable)				Access Code (if applicable)			
Reason for Request (Please be specific)							
<i>I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose.</i>							
Requesters Signature						Date	

**SUBJECT'S PERSONAL INFORMATION**

Subjects Name		Last		First		Middle	
Address			City		State		Zip Code

**SUBJECT'S DRIVING INFORMATION**

Driver's License Number	
Driver's Authorization (required for employers and others not authorized by Virginia Code): <i>I authorize the Department of Motor Vehicles to furnish information pertaining to my driving record to the requestor identified above. This authorization covers the initial MVR request, and each annual MVR request, made annually by Community Alternatives, Inc.</i>	
Driver's Signature	Date



**Community Alternatives, Inc.**  
863 Glenrock Rd., Suite 200  
Norfolk, VA 23502



Tel: (757) 468-7000

TDD: (757) 468-2011

Fax: (757) 468-7007

## Disclosure, Authorization & Waiver of Liability for Background Search

I authorize Community Alternatives, Inc. to conduct a background search, which may include state or federal criminal history, education, employment verification and DMV as a condition of my employment or my continued employment with Community Alternatives, Inc.

I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to Community Alternatives, its officers, agents or employees, and (ii) Community Alternatives, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information.

Furthermore, I understand that this release is signed, free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment with Community Alternatives.

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

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

Social Security Number: \_\_\_\_\_

**Please Note:** Upon receipt of favorable references and recommendation for employment, we will follow up with you to request your date of birth so we can proceed with performing required background checks.



# Reference Release Form



To Whom It May Concern:

I hereby authorize the individual, company, or institution listed below to furnish Community Alternatives, Inc. /Community Choices Inc. with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Community Alternatives, Inc. /Community Choices Inc. from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

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

\_\_\_\_\_  
Date

Applicant's Name [Print] \_\_\_\_\_

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### Previous places of employment:

Employer/Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Position Title: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Position Title: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_

Position Title: \_\_\_\_\_

# Self-Identification Form

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Last Name	First Name	Middle Initial
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Position Applying For	Date
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In order to maintain consistency, CAI has adopted the following set of racial/ethnic categories and definitions.

Male       Female

- |   |   |
|---|---|
| <input type="checkbox"/> W    White, includes Arabian           | <input type="checkbox"/> A    Asian, includes Pakistanis, Indians       |
| <input type="checkbox"/> B    Black or African American         | <input type="checkbox"/> P    Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> H    Hispanic or Latino                | <input type="checkbox"/> T    Two or more races                         |
| <input type="checkbox"/> I    American Indian or Alaskan Native |   |

Please check your veteran or disabled status

**Special Disabled Veteran: Are you a special disabled veteran?**       Yes       No

1. A veteran who is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation) under laws administered by the Department of Veteran Affairs for disability.
  - a. Rated at 30 percent or more
  - b. Rated at 10 percent or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C., to have a serious employment handicap; or
2. A person who was discharged or released from active duty because of service-connected disability.

**Vietnam of the Era Veteran: Are you a veteran of the Vietnam Era?**       Yes       No

1. A person who served more than 180 days of active military, naval or air service, any part of which was during the period of February 28, 1961, through May 7, 1975.
  - a. Was discharged or released therefrom with other than a dishonorable discharge, or
  - b. Was discharged or released from active duty because of service-connected disability

**Other Veterans: Do you qualify as an "other veteran"?**       Yes       No

1. Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

**Are you a newly separated Veteran?**       Yes       No

1. Disabled: Are you qualified as a person with a disability?
  - a. A person with a physical or mental impairment which substantially limits one or more of their major life activities.
  - b. A record of impairment from which they may now be recovered
  - c. A person regarded as having such an impairment

Dear Applicant for Employment or Promotion:

Re: Invitation to Self Identify for Individuals with Disabilities and Qualified Protected Veterans

1. CAI is a Federal/Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, and subject to Section 503 of the Rehabilitation Act of 1973, as amended, which requires federal/government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, qualified protected veterans and qualified individuals with disabilities.
2. **An invitation to the veterans of the Vietnam Era only:** If you are a veteran of the Vietnam Era, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. The term "veteran of the Vietnam Era" refers to a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964, and May 7, 1975, in all other cases. The term also refers to a person who was discharged or released from active duty from service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975, in all other cases.

**An invitation to qualified disabled veterans only:** If you are a qualified special disabled veteran, we would like to include you in our affirmative action program. If you would like to be included in the affirmative action program, please tell us. This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The term "qualified special 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 Department of Veterans Affairs for a disability rated at 30 percent or more, or rated 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap. The term also refers to a person who was discharged or released from active duty because of a service-connected disability.

**An invitation to Individuals with Disabilities:** If you have a disability and would like to be considered under the affirmative action program, please tell us.

3. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.
4. 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, or with section 503 of the Rehabilitation Act.
5. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of qualified disabled veterans or qualified individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that may require emergency treatment; and (iii) government officials engaged with enforcing laws administered by the OFCCP, or enforcing the Americans with Disabilities Act, may be informed.
6. If you are a qualified disabled veteran or qualified individual with disabilities, it would assist us if you tell us about (i) any special methods, skills and procedures which qualify you for positions you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations.
7. A written copy of this Affirmative Action Program is available for inspection by any employee or applicant for employment upon request. It is also available on the company website ([www.comalt.org](http://www.comalt.org)). Those interested in reviewing the Affirmative Action Plan should contact Human Resources.

**Note: Paragraph 6 (ii) will be omitted if this invitation to self-identify is being extended prior to an offer of employment. This avoids conflict with EEOC's guidance under the ADA, which in most cases precludes asking a job applicant about potential reasonable accommodations prior to a job offer being made.**

CAI is an affirmative action, equal opportunity employer. CAI is providing this "Notice of Non-Discrimination" as required by laws and regulations including those implementing Title VI, Title VII, Title IX, Americans with Disabilities Act, Section 504, and the Age Discrimination Act. This notice serves to inform all employees, persons receiving services, stakeholders and guests, that Community Alternatives, Inc., prohibits discrimination and harassment against individuals on a basis of race, color, religion, gender, marital status, veteran status, disability, or national origin.





# REQUEST FOR REASONABLE ACCOMODATION



PRINT NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

POSITION APPLYING /HOLDING \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

**This form should be completed when an applicant/employee has indicated his or her desire to request a reasonable accommodation from CAI/CCI. Upon completion, this form must be delivered to Human Resources.**

**The purpose of this form is to assist CAI/CCI in determining whether or to what extent a reasonable accommodation is required for an applicant/employee to safely and effectively perform the essential functions of his or her present job or the job he/she is seeking.**

### TO BE COMPLETED BY THE APPLICANT/EMPLOYEE

(attach additional sheets, if necessary, to answer questions below)

1. Identify and describe the physical or mental disability, illness, condition or disease which is the basis for your request for reasonable accommodation(s) by CAI/CCI (see definition of "disability" below):

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2. Identify and describe the specific job function(s) you are having difficulty performing:

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3. Identify and specifically describe the accommodation(s) you are requesting that will enable you to perform your job functions, including special equipment, changes in the physical layout of the job, or other accommodations. Also include how they will assist you:

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4. Have you had any accommodations in the past for this same limitation? Yes  No

If yes, what were they and how effective were they? \_\_\_\_\_

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5. Identify the names and addresses of physicians, therapists, psychologists, or other health care providers who have information or documentation concerning your disability, illness, condition, or disease or your need for a reasonable accommodation by CAI/CCI:

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6. Please provide any additional information that might be useful in processing your accommodation request:

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**Medical verification of the impairment(s) (check the appropriate box):**

Medical documentation is often needed to determine if the employee has a disability covered by the ADA and is entitled to an accommodation (i.e., has a permanent disability, as distinguished from temporary disability, that substantially limits one or more major life activities, affects the employee's ability to perform essential job functions, and is of sufficient severity) and if so, to help identify an effective accommodation.

- I have enclosed the applicable medical documents with this request
- The disability, and need for a reasonable accommodation, is apparent (i.e.-paralysis, obvious physical injury); consequently no medical documentation is needed. Explain further below:

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I hereby authorize the above-listed health care providers and any others who have treated me to release to CAI/CCI Human Resources Department information concerning the disability disclosed herein and provide any opinions to them concerning my ability to perform essential job-related functions with or without reasonable accommodation. I certify that I have read and reviewed the job description for my job or the job I am seeking and/or have been informed of the essential functions of my job. I further certify that the foregoing statements are complete, accurate, and true to the best of my knowledge, and I understand CAI/CCI may require me to undergo testing or evaluation by medical personnel retained by CAI/CCI for the purpose of establishing the existence and extent of my disability, illness, condition, or disease and my ability to perform essential job-related functions with or without reasonable accommodation.

Generally, in the context of an accommodation, medical inquiries related to an employee's disability and functional limitations are permissible and may include consultations with knowledgeable professional sources, such as doctors, occupational and physical therapists, rehabilitation specialists, and organizations with expertise in adaptations for specific disabilities.

Applicant's/Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have discussed my request this with my Program Director? Yes  No   
(preliminary discussion is not required)

*To signatory: In non-physician review cases (apparent disabilities/ impairments), decisions regarding accommodations will be made within 10 working days of the receipt of this form by **Human Resources**. Due to delays that may be caused in communications with physicians, no specific decision date can be provided for physician review cases.*

.....  
"Disability" includes a physical or mental impairment that substantially limits one or more major life activities. Major life activities include such things as caring for oneself, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning, and working.

**Human Resources**

**Received Date:** \_\_\_\_\_ **by:** \_\_\_\_\_

Human Resources Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes:

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## Notice of Non-Discrimination

This public notice of non-discrimination is required by several federal laws and regulations including those implementing Title VI, Title VII, Title XI, and Americans with Disabilities Act, Section 504 and the Age Discrimination Act. This notice serves to inform all employees, persons receiving services, stakeholders and guests that Community Alternatives, Inc. prohibits discrimination and harassment against individuals on the basis of race, color, religion, gender, age, marital status, veteran status, disability, or national origin, in both its employment practices and service provisions.

The following are applicable federal and state Civil Rights laws that prohibit discrimination:

**Title I of the American with Disabilities Act of 1990** prohibits employment discrimination against qualified individuals with disabilities by employers with 15 or more employees. The U.S. Equal Employment Opportunities Commission and the Office of Civil Rights are the agencies assigned to enforce Title I of the ADA.

**Title II of the American with Disabilities Act of 1990** prohibits disability discrimination by public entities, including public colleges and universities whether or no they receive Federal financial assistance. The Office for Civil Rights (U.S. Department of Education) is the law enforcement agency charged with enforcing Title II of the ADA.

**Title VI of the Civil Rights Act of 1964** prohibits discrimination on the basis of race, color or national origin in any program or activity receiving Federal financial assistance and Title VII of the Civil Rights Act of 1964 prohibits discrimination. Programs and activities that receive Federal financial assistance for the United States Department of Education are covered by Title VI. The Office for Civil Rights (U.S. Department of Education) is the law enforcement agency charged with enforcing Title VI.

**Title VII of the Civil Rights Act of 1964** protects individuals against unlawful employment practices based on their race, color, sex and national origin. The Civil Rights Act of 1991 significantly extended plaintiffs' rights under Title VII. The U.S. Equal Employment Opportunity Commission is the law enforcement agency charged with enforcing Title VII.

**Age Discrimination in Employment Act of 1967** protects individuals who are 40 years of age or older. The U.S. Equal Employment Opportunity Commission is the law enforcement agency charged with enforcing the ADEA.

**The Equal Pay Act of 1963** protects men and women who perform substantially equal work in the same establishment from sex-based wage discrimination. The U.S. Equal Employment Opportunity Commission is the law enforcement agency charged with enforcing the EPA.

**Section 504 of the Rehabilitation Act of 1973** protects people from discrimination in admission, employment, treatment or access based on disabilities in programs or activities receiving Federal assistance. The Office for Civil Rights (U.S. Department of Education) is the law enforcement agency charged with enforcing Title VI.

**Executive Order 11246** requires certain government contractors to engage in affirmative action and to not discriminate based on race, sex or national origin. The Office of Federal Contract Compliance Programs (U.S. Department of Labor) is the agency charged with enforcing the EO 11246 and ensuring that federal contractors are in compliance.

For additional information or assistance contact:

Community Alternatives, Inc.  
EEO Officer  
863 Glenrock Rd., Suite 200  
Norfolk, VA 23502  
757-468-7000 phone  
757-468-7007 fax  
[www.comalt.org](http://www.comalt.org)

**CAI is an affirmative action, equal opportunity employer.**

**REAFFIRMATION OF EQUAL EMPLOYMENT OPPORTUNITY POLICY  
(Sec. 60-2.12 & 60-2.20)**

Community Alternatives, Inc's, reaffirms its commitment to the principle of Equal Employment Opportunity in its personnel policies and practices. It is CAI's policy to recruit, hire, train and promote into all jobs levels, employees and applicants for employment without regard to race, color, religion, gender, age, marital status, veteran status, disability, or national origin, except where gender is a bona fide occupational qualification. All such decisions are based on (1) individual merit, qualifications, and competence as they relate to the particular position, and (2) are in furtherance of the principle of equal employment opportunity.

All other personnel programs such as compensation, benefits, transfers, layoff and return from layoff, discipline and training programs are administered without regard to race, color, religion, gender, age, marital status, veteran status, disability, or national origin.

CAI has developed and implemented an Affirmative Action Plan to support its commitment to the principle of equal employment opportunity. This plan describes, in detail, the policies and procedures used in the company's operations to carry out its commitment.

In addition, unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when submission to such conduct is made explicitly or implicitly a condition of an individual's employment or submission to or rejection of such conduct is used as a basis for an employment decision affecting the employee. No supervisor or manager shall threaten or insinuate, either explicitly or implicitly that an employee's submission to or rejection of sexual advances will in any way influence any personnel decision involving that employee.

Prohibited harassment includes conduct which has the purpose or effect of unreasonably interfering with the employee's work performance or creating an environment which is intimidating, hostile or offensive to the employee. Harassment based on a person's race, color, religion, gender, age, marital status, veteran status, disability, or national origin is also prohibited. Any employee who feels that a violation of this policy has occurred should immediately report the matter to Human Resources or a member of management. Each complaint will be investigated and any violations will be remedied. The complaining employee will not be affected in employment with the company as a result of bringing the harassment complaints to the attention of the company.

CAI's EEO Coordinator is the Director of Human Resources. The EEO Coordinator is responsible for administering the company's affirmative action program and will report to senior management on a continuing basis with regard to the progress being made under the Plan. Anyone having questions, comments or complaints regarding the company's equal and affirmative action policies should contact the EEO Coordinator. CAI's affirmative action plan can be reviewed by employees upon request. Those interested in reviewing the affirmative action plan should contact Human Resources.