



ELECTROTEK CORPORATION

APPLICATION FOR EMPLOYMENT

Electrotek Corporation is an **Equal Opportunity Employer**. Information you provide in this application will not be used in an unlawful manner.

THIS APPLICATION MUST BE FILLED OUT IN INK IN YOUR OWN HANDWRITING. PLEASE ANSWER ALL QUESTIONS COMPLETELY. READ AND SIGN THE BACK PAGE BEFORE SUBMITTING THIS APPLICATION. BE ASSURED YOUR APPLICATION WILL BE PROCESSED CONFIDENTIALLY.

| | | |
|----------------------|-----------------------|------------------------|
| Position Applied For | Other Acceptable Work | Date of Application |
| Last Name | First Name | Middle Name |
| Address | | City, State, ZIP |
| Phone Number(s) | | Social Security Number |

Are you 18 years of age or older? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date: _____

Have you ever been employed with us before? Yes No

If yes, give date: _____

Are you personally acquainted with anyone at Electrotek? Yes No

If yes, give name(s): _____

Circle the shift(s) you are willing to work:

1st 2nd 3rd

Have you ever been convicted of a crime where the circumstances may substantially relate to the position sought? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes or uncertain, please explain: _____

Proof of your right to work legally in the United States will be required upon hire.

EDUCATION

| | Elementary School | High School | Trade / Tech. School College / University | Graduate or Professional |
|---|-------------------|-------------|--|-----------------------------|
| School Name & Location | | | | |
| Years Completed | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma / Degree | | | | |
| Describe Course of Study | | | | |
| Describe any specialized training, apprenticeship, skills, and extra curricular activities. | | | | |
| Describe any honors you have received. | | | | |

Is any additional information, relative to name change, necessary to check your work and education record?

Yes No

If yes, please provide this information _____

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

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REFERENCES

Give name, address, telephone number of up to three (3) references who are not related to you and are not previous employers.

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|----|
| 1. |
| 2. |
| 3. |

EMPLOYMENT HISTORY

Start with your most recent employer and work backwards to list your job history. Use additional sheets if necessary. **Answer all questions completely even if you are submitting a resume.** You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

| | | | |
|---|-----------------------------------|--|------------------|
| Employer | Dates Employed From To | | Telephone number |
| Address | | | Supervisor |
| | Wage / Salary Start Final | | Job title |
| | | | |
| Job duties/ Work performed _____ _____ | | | |

Reason for leaving _____ May we contact this employer? Yes No

| | | | |
|---|-----------------------------------|--|------------------|
| Employer | Dates Employed From To | | Telephone number |
| Address | | | Supervisor |
| | Wage / Salary Start Final | | Job title |
| | | | |
| Job duties/ Work performed _____ _____ | | | |

Reason for leaving _____ May we contact this employer? Yes No

| | | | |
|---|-----------------------------------|--|------------------|
| Employer | Dates Employed From To | | Telephone number |
| Address | | | Supervisor |
| | Wage / Salary Start Final | | Job title |
| | | | |
| Job duties/ Work performed _____ _____ | | | |

Reason for leaving _____ May we contact this employer? Yes No

| | | | |
|---|-----------------------------------|--|------------------|
| Employer | Dates Employed From To | | Telephone number |
| Address | | | Supervisor |
| | Wage / Salary Start Final | | Job title |
| | | | |
| Job duties/ Work performed _____ _____ | | | |

Reason for leaving _____ May we contact this employer? Yes No

Please explain any periods of unemployment lasting one month or longer.

Voluntary Self-Identification Survey Form –Employee

Our company is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants and employees in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:**

1. Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
2. First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
3. Government officials investigating affirmative action program compliance may have access to reported information.

Thank you for your cooperation in this important initiative.

Electrotek Corporation abides by the requirements of federal laws which prohibit discrimination and require affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with the following legally protected status: race, color, religion, sex, national origin (per Executive Order 11246), disability (per 41 CFR 60-741.5(a), and protected veterans (per 41 CFR 60-300.5(a)).

PART I. General Information

Name: _____

Position: _____ Date: _____

PART II. Gender, Ethnicity and Race Information:

Gender

| | |
|------------|--|
| CHECK ONE: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose this information |
|------------|--|

Ethnicity

| | |
|------------|--|
| CHECK ONE: | <input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information |
|------------|--|

Race

| | |
|--|---|
| CHECK ONE: (do not respond if you selected Hispanic or Latino above) | <input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> 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 <input type="checkbox"/> 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 |
|--|---|

| | |
|--|---|
| | <input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa <input type="checkbox"/> 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 <input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races <input type="checkbox"/> I choose not to disclose this information |
|--|---|

PART III. Protected Veterans

Please indicate whether you are a protected veteran

| | |
|--|---|
| <input type="checkbox"/> Disabled Veteran | <p>A "disabled veteran" is one of the following:</p> <p>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</p> <p>A person who was discharged or released from active duty because of a service-connected disability.</p> |
| <input type="checkbox"/> Recently Separated Veteran | <p>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.</p> |
| <input type="checkbox"/> Active Duty Wartime or Campaign Badge Veteran | <p>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.</p> |
| <input type="checkbox"/> Armed Forces Service Medal Veteran | <p>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.</p> |
| <input type="checkbox"/> I am not a protected veteran | |
| <input type="checkbox"/> I choose not to disclose the information | |

If you are a disabled veteran, you may choose to use the space below to tell us about:

1. Any special methods, skill, and procedures which qualify you for positions within Electrotek Corp so that you can be considered for any positions of that kind, and
2. We will make reasonable accommodations to qualified disabled veterans to ensure equal employment opportunity for all. If, because of your disability, you require a reasonable accommodation such as a change to application or work procedures, documents in an alternate format, sign language interpreter, or specialized equipment, which would enable you to engage in the application process or perform the job properly and safely.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

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.¹ 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

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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.

¹ 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.

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.