



Employment Application

Applicant Information

Full Name: Last Name _____ First Name _____ MI _____ Date: _____ Date _____
 Last _____ First _____ M.I. _____
 Address: Address _____ Unit _____
 Street Address _____ Apartment/Unit # _____
 City _____ State _____ Zip _____
 City _____ State _____ ZIP Code _____
 Phone: Phone Number _____ Email: Email Address _____

Date Available: Date Available _____ Desired Salary: \$Desired Salary _____

Position Applied for: Position applied for _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? YES NO

If required will you work: Over time: Days: Nights: Split: Weekends: Other: Travel: YES NO

Employment History

Please list your previous employment with the most recent first; including military service. (Please attach additional pages if needed)

Company: Company Name		
Reason for Leaving: Reason for Leaving		Position: Position
Responsibilities: Responsibilities		Reference Name:
		Reference Phone:
		Dates of Employment: Date
Supervisor Name: Name	Phone: Phone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company: Company Name		
Reason for Leaving: Reason for Leaving		Position: Position
Responsibilities: Responsibilities		Reference Name:
		Reference Phone:
		Dates of Employment:
Supervisor Name: Name	Phone: Phone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company: Company Name		
Reason for Leaving: Reason for Leaving		Position: Position
Responsibilities: Responsibilities		Reference Name:
		Reference Phone:
		Dates of Employment: Date
Supervisor Name: Name	Phone: Phone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company: Company Name		
Reason for Leaving: Reason for Leaving		Position: Position
Responsibilities: Responsibilities		Reference Name:
		Reference Phone:
		Dates of Employment: Date.
Supervisor Name: Name	Phone: Phone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

References

Please list three professional references

Full Name: Name	Relationship: Relationship
Company: Company	Years Known: Years Known
Phone: Phone	Email: Email
Full Name: Name	Relationship: Relationship
Company: Company	Years Known: Years Known
Phone: Phone	Email: Email
Full Name: Name	Relationship: Relationship
Company: Company	Years Known: Years Known
Phone: Phone	Email: Email

Education

School	Degree/Certificate/ Course of Study	Date Graduated
High School: Name	Name	Date.
College: Name.	Name.	Date
Graduate School: Name		Date.
Other:		

Criminal History

Have you been convicted of a crime, other than minor traffic violations, in the last seven years? (A Criminal Record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) If Yes, please explain below.

YES NO

[Click here to enter text.](#)

Signature

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the reference listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

[Click here to enter a](#)

Signature: _____ Date: date.

Infinite Energy Construction, Inc. (IEC) is an Equal Opportunity Employer and abides by the requirements of 41 CFR 60-1.4(a), 60-300.5(a), and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that IEC take affirmative action to employ and advance in employment qualified individuals without regard to race, color, religion, sex, national origin, protected veteran status, or disability.



Self-Identification Form

Infinite Energy Construction, Inc provides equal employment opportunity to all qualified applicants and employees by prohibiting discrimination against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, marital status, national origin, age, veteran status or disability.

This information will be used solely to assist us in complying with Federal and State Equal Employment Opportunity and Affirmative Action record keeping requirements. Refusal to provide this information will not adversely affect you.

PLEASE NOTE: This form is **NOT** a part of your official application for employment. This information will be recorded and maintained in a confidential file, separate from all other records.

Applicant Information:

Name: Name Position Applying For: Position
Gender: Male Female I Choose not to Identify

Ethnicity:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

Race:

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast, or the Indian Subcontinent, including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

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

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.

Two or More Races

I Choose Not to Identify

Signature: _____ Date: Date



Self – ID VEVRAA Pre Offer

This employer 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.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees who are “protected veterans”. If you believe you belong to any of the categories of protected veterans listed, please indicate by checking the appropriate box below.

Protected Veterans:
<p>Disabled Veteran 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.</p>
<p>Recently Separated Veteran 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>
<p>Active Duty Wartime / Campaign Badge Veteran 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>
<p>Armed Forces Service Medal Veteran 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>

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN**
- I AM NOT A PROTECTED VETERAN**
- I CHOOSE NOT TO SELF-IDENTIFY MY PROTECTED VETERAN STATUS**

Name: _____ Signature: _____ Date: _____

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.

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 are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

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 disabled veterans, 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 might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 5 of 6

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:

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

Name

Click here to enter a date.

Your Name

Today's Date



Voluntary Self-Identification of Disability

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Expires 1/31/2017
Page 2 of 6

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.

ⁱ 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.