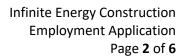




Employment Application

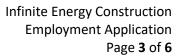
Applicant Information				
Full Name:Last Name	First Name	MI Date: Date		
	First	M.I.		
Address:Address		Unit		
Street Address		Apartment/Unit #		
City		State Zip		
City		State ZIP Code		
Phone:Phone Number	Email: Email Addr			
Date Available: Date Available	Desir	ed Salary: \$Desired Salary		
Position Applied for: Position applied for				
	YES NO	YES NO		
Are you a citizen of the United States? Are you able to perform the essential job		are you authorized to work in the U.S.? \Box		
which you are applying with or without re	-	ILS INO		
		YES NO		
If required will you work: Over time: \Box Days: \Box	☐ Nights: ☐ Split: ☐ Weekends: ☐	Other: Travel:		
= 1				
Employment History	ont first including military condi-	(Plage attach additional pages if peeded)		
Please list your previous employment with the most recompany: Company Name	ent mot, including military service	. (глеизе исцист ишинотит ридез 1) пеейей)		
Reason for Leaving: Reason for Leaving		Position: Position		
Responsibilities: Responsibilities		Reference Name:		
, 1111111111111111111111111111111111111		Reference Phone:		
		Dates of Employment: Date		
Supervisor Name: Name	Phone: Phone	May We Contact? □ Yes □ 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? ☐ Yes ☐ No		
Company: Company Name				
Reason for Leaving: Reason for Leaving		Position: Position		
Responsibilities: Responsibilities		Reference Name:		
		Reference Phone:		
	T	Dates of Employment: Date		
Supervisor Name: Name	Phone: Phone	May We Contact? ☐ Yes ☐ 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? ☐ Ves ☐ No		





References					
Please list three professional references					
Full Name: Name	Relationship: Relationsh	Relationship: Relationship			
Company: Company	Years Known: Years Known	Years Known: Years Known			
Phone: Phone	Email: Email	Email: Email			
Full Name: Name	Relationship: Relationsh	Relationship: Relationship			
Company: Company	Years Known: Years Known	Years Known: Years Known			
Phone: Phone	Email: Email	Email: Email			
Full Name: Name	Relationship: Relationsh	Relationship: Relationship			
Company: Company	Years Known: Years Known	Years Known: Years Known			
Phone: Phone	Email: Email				
	<u> </u>				
Education					
School	Degree/Certificate/ Couse of	Date Graduated			
	Study				
High School: Name	Name	Date.			
College: Name.	Name.	Date			
Graduate School: Name		Date.			
Other:					
Criminal History					
Have you been convicted of a crime, other					
years? (A Criminal Record or a convictio		_			
will be considered only as it reasonably re	•	the position $\ \ \Box$			
for which you are applying.) If Yes, pleas	se explain below.				
Click here to enter text.					
Signature					
I certify that the information contained i	n this application is correct to the	hest 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.					
. c. case an parties from an habitry for any	, aamages that may result holling	Click here to enter a			
Signature:	Da	ate: 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.

nformation:				
Name Position Appling For: Position				
☐ Male ☐ Female ☐ I Choose not to Identify				
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American,				
or other Spanish culture or origin regardless of race				
White (Not Hispanic of Latino): A person having origins in any of the original peoples of				
Europe, Middle East, or North Africa.				
Plack on African Associate (Net Historia and Athan). A second beginning in any of the				
Black or African American (Not Hispanic or Latino): A person having origins in any of the				
black racial groups of Africa.				
Acien (Net Himania and etima). A namen bassing aviging in any of the evining bassing of the				
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 Latine): A person having origins				
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				
in any of the peoples of flawaii, dualif, samoa, of other facine islands				
American Indian od 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.				
maintain tribar armation of commanity attachment.				
Two or More Races				
I Choose Not to Identify				
i Choose Not to Identify				
e: 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:

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.

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.

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.

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.

			_		
Name:	Name	Signature:	Date:	Date	
	I CHOOSE NOT TO SELF-IDENTIFY MY PROTECTED VETERAN STATUS				
	I AM NOT A PROTECTED VETERAN				
	I IDENTIFY AS ONE OR MOI	RE OF THE CLASSIFICATIONS OF PROTECTED VE	TERAN		

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.



Infinite Energy Construction Employment Application Page **5** of **6**

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. 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?

Your Name

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 ☐ Impairments requiring the use of a (MS) wheelchair ☐ Missing limbs or ☐ Intellectual disability (previously □ Diabetes □ Schizophrenia partially missing called mental retardation) ☐ Muscular □ Epilepsy limbs 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.

Today's Date



Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 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.

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.