

Application for Employment

Position: _____

APPLICANT INFORMATION

If you need assistance during the application or hiring process to accommodate a disability, you may request a reasonable accommodation by contacting our career center support team at the number listed above.

NAME		CELL PHONE
ADDRESS		OTHER PHONE
CITY, STATE, ZIP	EMAIL	

EMPLOYMENT HISTORY

Starting with your most recent, please list your previous employers. Include self-employment, military service, summer and part-time jobs.

COMPANY NAME		START DATE
LOCATION		END DATE
PHONE NUMBER	SUPERVISOR'S NAME	
POSITION & DUTIES		
REASON FOR LEAVING		

COMPANY NAME		START DATE
LOCATION		END DATE
PHONE NUMBER	SUPERVISOR'S NAME	
POSITION & DUTIES		
REASON FOR LEAVING		

AVAILABILITY

I am looking for FULL TIME PART TIME

Please let us know the days and times that you are available below.

<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>
FROM - TO	FROM - TO	FROM - TO	FROM - TO	FROM - TO	FROM - TO	FROM - TO

What are your hourly pay expectations? _____

REFERENCES

Please list two references whom we can contact. Please do not list relatives.

NAME	PHONE NUMBER
HOW DO YOU KNOW THIS PERSON?	

NAME	PHONE NUMBER
HOW DO YOU KNOW THIS PERSON?	

REFERRAL

Did anyone refer you, or do you know anyone presently working at our company?

NAME(S)

EQUAL OPPORTUNITY EMPLOYER

Federal Maintenance is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

MEDICAL INFORMATION

After an offer of employment is made, but before employment duties begin, and at any time during the course of employment applications may be required to undergo a medical examination (or drug test) at the Federal Maintenance Hawaii's expense and by a company-chosen physician. I authorize the physician conducting the examination and laboratory testing any specimens obtained by the physician to disclose the results of the examination and the laboratory tests to the Federal Maintenance Hawaii.

AUTHORIZATION TO WORK IN THE UNITED STATES

It is the policy of Federal Maintenance Hawaii to hire only U.S. citizens and aliens who are authorized to work in this country. As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and complete the U.S. Immigration and Naturalization Services Form I-9.

LEGAL NOTICES

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand my application may not be considered if it is incompleated. Further, I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize the Federal Maintenance Hawaii to investigate my work history, education, character, reputation, and background as it deems necessary for purpose of considering my application for employment.

I hereby give permission to Federal Maintenance Hawaii, Inc to contact any reference I furnish and for all those contacted to release whatever information that is pertinent to my application for employment. I understand any information released is strictly confidential between the reference and Federal Maintenance Hawaii and will not be furnished to anyone else including me. I release all contacted from claims of liability as a result of furnishing information about me or my employment.

This application is not a contract and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or Federal Maintenance Hawaii, with or without cause or reason and with or without notice.

PRINT NAME	
SIGNATURE	DATE

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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

Job Title: _____

Date of Hire: _____

Affirmative Action Self-Identification Survey (Pre-Offer)

Name _____ Date _____

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, national origin, or veterans status.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their gender, race or ethnicity, and veterans status.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and separate from other personnel records, and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the Federal Government for civil rights enforcement. When reported, data will not identify any specific individual.

Gender

Please identify your gender:

Male Female

Ethnicity

Following are two questions: The first is about your ethnicity and the second about your race. Please answer both questions.

In answering the first question, if you mark "Yes, Hispanic or Latino," your race will not be reported. In answering the second question, if you select more than one race, you will be reported in the "Two or More Races" category to the federal government; for example, if you select both "Black" and "Asian," you will be reported in the "Two or More Races" category.

Are you Hispanic or Latino?

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

What is your race? Select one or more of the following categories:

- White (any of the original peoples of Europe, the Middle East, or North Africa)
- Black or African American (any of the black racial groups of Africa)
- Asian (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)
- Native Hawaiian or Other Pacific Islander (any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- American Indian or Alaska Native (any of the original peoples of North and South America, including Central America)

Veterans Status

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. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
 - 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.
- 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.
- 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.
- 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.

Protected veterans may have additional rights under USERRA (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 believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below:

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

[DISCLAIMER: This sample form is provided by the Hawaii Employers Council for illustrative and general informational purposes only, is not intended to constitute legal advice, and should not be interpreted as legal advice. Because legal advice is dependent upon the specific circumstances of each situation, and because relevant law often changes, you should consult with competent legal counsel before using or relying upon any informational materials provided to you.]