



APPLICATION FOR EMPLOYMENT

Specific Position Applied for: _____ Date: _____

Referral Source: Ad___Walk-in___ Agency___ Employee Referral___ (Employee Name_____)

APPLICANTS: IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED ENTIRELY. PLEASE REMEMBER TO PRINT CLEARLY, AND SIGN ON THE LAST PAGE.

Name: _____ Home Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Message or Alternative Phone: _____

Why are you interested in this position?

What skills and training qualify you for this position?

What portions of your work experience qualify you for this job?

**OEEO, LLC IS AN
EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

NOTICE: Please notify our receptionist if you need any accommodation or assistance with any part of our application process.

EMPLOYMENT HISTORY

This section must be completed entirely. Do not substitute a resume. List all work experience, paid or unpaid beginning with your current or most recent job. Describe each job separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. (If more space is necessary, attach additional sheets.)

PRESENT OR MOST RECENT POSITION FIRST

Employer Name	Address	From (mo) (year)
Your Title Duties/responsibilities (be specific)	Supervisor's Name and telephone number	To (mo) (year)
		Hrs per week
		Last salary held
Reason for leaving or for considering change		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer Name	Address	From (mo) (year)
Your Title Duties/responsibilities (be specific)	Supervisor's Name and telephone number	To (mo) (year)
		Hrs per week
		Last salary held
Reason for leaving or for considering change		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> From (mo) (year)

Employer Name	Address	From (mo) (year)
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		Hrs per week
		Last salary held
Reason for leaving or for considering change		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> From (mo) (year)

Employer Name	Address	From (mo) (year)
Your Title Duties/responsibilities (be specific)	Supervisor's Name and telephone number	To (mo) (year)
		Hrs per week
		Last salary held
Reason for leaving or for considering change		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> From (mo) (year)



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EDUCATION

	Name of School	Location	Diploma or Degree	Major
High School	_____	_____	_____	_____
College or University	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____
Vocational or Training	_____	_____	_____	_____

ADDITIONAL INFORMATION

Professional Membership and Affiliations: _____

Professional and Trade Licenses: _____

Have you ever been employed by this company before? When? In what position? _____

PLEASE READ THE FOLLOWING THOROUGHLY BEFORE SIGNING THIS APPLICATION

OEEO, LLC is an equal employment opportunity/affirmative action employer and does not discriminate on the basis of sex, age, race and color, religion, marital status, national origin, disability, veteran status, family relationship absent business necessity, or any other reason protected under either State or Federal law. (_____ Initial here)

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed. (_____ Initial here)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to OEEO, LLC, will result in immediate termination of employment. (_____ Initial here)

I authorize the employers and supervisors, including all persons with and for whom I have worked, to give OEEO, LLC's representatives any and all information regarding me and my previous employment. I release OEEO, LLC and all previous employers and supervisors from liability for any damages that may result from furnishing information to OEEO, LLC. (_____ Initial here)

In consideration of my employment, I agree to conform to the instructions, rules and policies of OEEO, LLC. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. (_____ Initial here)

I understand that in order for OEEO to comply with federal immigration laws, if employed by OEEO, on my first day of employment I will be required to furnish proof of U.S. Citizenship or proof that I am authorized to work legally in the United States. (_____ Initial here)

I consent to drug testing and alcohol testing as may be requested by OEEO, LLC's representatives. (_____ Initial here)

Applicant Signature _____

Date _____



VOLUNTARY EMPLOYEE
AFFIRMATIVE ACTION INFORMATION

Pacific Scientific is a government contractor subject to equal employment opportunity requirements of Executive Order 11246, Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended and Section 503 of the Rehabilitation Act of 1973, as amended. In an effort to implement our government affirmative action program record keeping and reporting requirements, we ask that you complete this data survey. Your cooperation is appreciated. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to discharge or discipline or any other negative personnel action. This form is not to be considered a part of your personnel file and is filed separately with the EEO records. All information will be considered strictly private and confidential and will be used only for EEO purposes

GENDER

Check One: Male Female I choose not to respond

ETHNICITY (Check One)

1. Are you Hispanic or Latino? **HISPANIC** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 Yes No I choose not to respond

RACE (Check One)

To assist in appropriate identification, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging in accordance with definitions below.

2. If you answered **no** to Question #1, please check one of the following:

- WHITE** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK OR AFRICAN AMERICAN** – A person having origins in any of the Black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ASIAN** – 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.
- AMERICAN INDIAN or ALASKAN NATIVE** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- TWO OR MORE RACES (Not Hispanic or Latino)** – A person who identifies with more than one of the above five races. Please list the one race above with which you most strongly identify: _____
- I choose not to respond**

VETERAN OR DISABLED STATUS

We are required by law to report the number of employees at our company by veteran status (i.e., veteran of the Vietnam era, other eligible veteran, or special disabled veteran) and disabled status. This information will be used only for reporting purposes as required by federal and state regulations. Completion of this form is **Voluntary**.

- VETERAN OF THE VIETNAM ERA** – A veteran, any part of whose active military, naval, or air service was during the Vietnam era (i.e. performed between August 5, 1964 and May 7, 1975) who (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a Dishonorable Discharge, or (2) was discharged or released from active duty for a service related disability.
- OTHER ELIGIBLE VETERAN** – A veteran who has served on active duty during a war (veterans with active duty or service between December 7, 1941 and April 28, 1952) or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions meeting this criteria, please review the chart attached to this survey.
- DISABLED VETERAN** – A person entitled to compensation under laws administered by the Veterans Administration for a disability rating at 30% or more; or at 10-20% in case of a veteran determined by the Department of Veteran Affairs to have a serious disability; or a person whose discharge or release from active duty was for a service connected disability.

If you identified yourself as a protected Veteran and were discharged or released from active duty within the last three years, please provide your discharge date (MM/DD/YYYY) _____.

- DISABLED INDIVIDUAL** – A person having (1) a physical or mental impairment, which substantially limits one or more of such person's major life activities; (2) a record of such impairment; or (3) is regarded as having such an impairment.
- I choose not to respond**

Name (Please Print)

Signature

Date

Campaigns and Expeditions Which Qualify For Veterans' Preference