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| EEO/AA Policy **Inter-Coastal Electronics, LLC shall abide 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, age, gender, sexual orientation, gender identity or national origin. Moreover, these regulations require that we take affirmative action to employ and advance in employment individuals without regard to race, color, religion, age, gender, sexual orientation, gender identity, national origin, disability or veteran status.** | | | | | |
| **Personal Information** | | | | | |
| 1. Position applied for: | | | | 2. Date: | |
| 3. Name (Last, First, MI): | | | | | |
| 4. Street address: | | | | 5. Home phone: | |
| 6. City, State, ZIP: | | | | 7. Other phone: | |
| 8. Email Address: | | | | | |
| 9. Date available to start work: | | | 10. Salary desired (optional): | | |
| 11.Type of employment desired:  Contract  Regular | | | Full Time  Part time \_\_\_\_ hrs | | |
| 12. Are you at least 18 years old?  Yes  No | | | | | |
| 13. Are you legally authorized to work in the United States on a full-time basis?  Yes  No | | | | | |
| 14. Can you perform the essential functions of the position for which you have applied, with or without reasonable accommodation?  Yes  No | | | | | |
| 15. Some positions require a detailed background investigation and US Citizenship in order to receive Security Clearance. Do you have any objection to participating in this process if the position requires?    Yes  No | | | | | |
| 16. List any special training, skills, experience or qualifications you have: | | | | | |
| **17. Education Information** | | | | | |
| School Name | Location | Graduate? | | | Degree and Major |
|  |  | Yes  No | | |  |
|  |  | Yes  No | | |  |
|  |  | Yes  No | | |  |

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| **18. Experience**  List below present and past employment, beginning with the most recent first. Use additional pages if needed. | | | | |
| Name of present or last employer: | | | | |
| Address: | | | | |
| Phone Number: (     ) | | Supervisor’s Name: | | |
| Job Title: | | | May we contact for reference?: | |
| From: | To: | | | Ending Salary (optional): |
| Duties and responsibilities: | | | | |
| Reason for Leaving: | | | | |

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| Name of next previous employer: | | | | |
| Address: | | | | |
| Phone Number: (     ) | | Supervisor’s Name: | | |
| Job Title: | | | May we contact for reference?: | |
| From: | To: | | | Ending Salary (optional): |
| Duties and responsibilities: | | | | |
| Reason for Leaving: | | | | |

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| --- | --- | --- | --- | --- |
| Name of next previous employer: | | | | |
| Address: | | | | |
| Phone Number: (     ) | | Supervisor’s Name: | | |
| Job Title: | | | May we contact for reference?: | |
| From: | To: | | | Ending Salary (optional): |
| Duties and responsibilities: | | | | |
| Reason for Leaving: | | | | |

The information I have disclosed in this Application for Employment is true, correct and complete. Any false or misleading information stated in this application may result in refusal to hire or, if already hired, dismissal. I authorize investigation and verification of all information contained in this application. My signature authorizes Inter-Coastal Electronics (ICE) to check references and authorizes all former employers, supervisors and managers to release information in response to a request for a reference and/or verification of employment. I understand that the employment relationship for which I am applying is an employment-at-will relationship. This means the employment relationship is by mutual consent of ICE and myself, is not for any definite period of time, and may be terminated by either ICE or me at any time, without notice, and for any reason or no reason at all.

Signature Date

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| As a government contractor, we support affirmative action programs, including the Jobs for Veterans Act (JVA), Vietnam Era Veteran’s Readjustment Assistance Act of 1974 as amended (VEVRAA) and the Rehabilitation Act of 1973 (Section 503). In compliance with government regulations, we are required to record the number of applications received by veteran status, disability, ethnicity and gender and to report these totals to the appropriate government agencies.  You are not required to complete this form. Your application will be considered in the same manner whether this form is completed or not. This information will not be kept with your application, will be kept confidential, and will be used only in accordance with the state and federal regulations. | |
| **1. Date of application:** | **2. Position applied for:** |
| **3. Gender:**  Male  Female | |
| **4. Referral Source:**  Online Job Board (indeed)  Walk-In  ICE Website or Referral  Veteran or State Job Board  College Referral  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **5. Race/Ethnicity (check one only):**  **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.  **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the 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 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 (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 (Not Hispanic or Latino)** - A person who identifies with more than one of the above six races. | |
| **6. Protected or Disabled Veteran Status:**  Protected Veteran is defined as:   * Veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws by DoD, or * Veteran who, while on active duty, participated in a US military operation for which a service medal was awarded, or * Veteran who served on active duty during the three-year period beginning on the date of such veteran’s discharge or release from active duty.   Disabled Veteran is defined as:   * Veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to) 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. | |

Name:       Date:

Employee ID (if applicable):

# 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](https://www.dol.gov/agencies/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

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|  | Yes, I have a Disability, or have a history/record of having a Disability |
|  | No, I do not have a Disability, or a history/record of having a Disability |
|  | I do not 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**

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*Example:*

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_