



Date of Application \_\_\_\_\_

# Employment Application

Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cellular/other contact phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Position Applied for \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Shift preferred:  1  2  Any  
(Check all that apply)

Type of work desired:  Full-time  Part-time  
 Temporary

Location desired:  Carmi, IL  Fairfield, IL  
 Cocoa, FL

Date available to start: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, list dates: \_\_\_\_\_

Are you legally eligible for employment in the USA? <small>(If hired, proof is required)</small>	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, ineligible
If under 18, can you provide a work permit? <small>(If required)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Educational Background and Performance

### High School / GED:

Name and location \_\_\_\_\_

Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### College (Undergraduate):

Name and location \_\_\_\_\_

Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Course of Study \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

### Graduate School:

Name and location \_\_\_\_\_

Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Course of Study \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

### Vocational/Technical/Trade School:

Name and location \_\_\_\_\_

Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Course of Study \_\_\_\_\_

Degree or Diploma \_\_\_\_\_

Continuing Education: \_\_\_\_\_

List any special training, skills or certifications (languages, technical, machine operation, etc) that might benefit you in performing the job for which you are applying:

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This company is an Equal Opportunity / Affirmative Action Employer.

# Employment Experience and History

Please list the most recent employer first.

Employer \_\_\_\_\_

May we contact this Employer?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Position \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Email \_\_\_\_\_

Salary / Hourly Rate

Dates Employed  
From (MM/YYYY) \_\_\_\_\_ To (MM/YYYY) \_\_\_\_\_



Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

May we contact this Employer?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Position \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Email \_\_\_\_\_

Salary / Hourly Rate

Dates Employed  
From (MM/YYYY) \_\_\_\_\_ To (MM/YYYY) \_\_\_\_\_



Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

May we contact this Employer?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Position \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Email \_\_\_\_\_

Salary / Hourly Rate

Dates Employed  
From (MM/YYYY) \_\_\_\_\_ To (MM/YYYY) \_\_\_\_\_



Reason for leaving \_\_\_\_\_

## References

Please list (3) three references who are not relatives.

Name	Address	Telephone Number	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

- I certify that all information on this application is true and complete, and I understand that if any false information, omission, or misrepresentation of facts are discovered, my application may be rejected, or if hired, my employment may be terminated.
- I authorize, without reservation, the right of the employer or its representatives and/or agents to contact and obtain information for personal and/or professional references, employers, public agencies, licensing and/or credentialing bodies, educational institutions, and to otherwise verify all information contained herein this application and any attachments of resumé or other letters. I waive all rights and claims I may have regarding the aforementioned information gathering and use, in a lawful manner, in the employment process, and also those entities which are providing such information.
- In consideration for employment at this company, I agree to conform to the rules and regulations of employment of Elastec/American Marine, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use  
Hire Date \_\_\_\_\_ Position \_\_\_\_\_ Dept \_\_\_\_\_ Rate \_\_\_\_\_ 90 Day Rate \_\_\_\_\_

# Voluntary Self-Identify

Name:  
(Voluntary &  
Confidential)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

Elastec, Inc. is subject to certain governmental recordkeeping and reporting requirements for administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race, ethnicity, and gender and veterans status. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. All information will be kept strictly **confidential** and will only be used in accordance with provisions of applicable laws, orders and regulations.

## A. Gender (Sex) Information:

Male  Female

## B. Ethnicity:

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

*(Note: If Hispanic or Latino is selected, you do not need to select another group below.)*

## C. Individual Race:

- Native American Indian or Alaska Native (not Hispanic or Latino):** 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.
- 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.
- Black or African American (not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## D. Two or More Races:

**Two or More Races (not Hispanic or Latino):** All persons who identify with more than one of the above five races

*(Note: if 'Two or More Races,' is selected you do not need to check another race designation.)*

## Invitation to Self-Identify Veterans

Elastec, Inc. is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified disabled Veterans, recently separated Veterans, other protected Veterans, and Armed Forces service medal Veterans.

**Yes, I am a Veteran**  **No, I am Not a Veteran**  **I do not wish to self-identify**

If you are a disabled Veteran, a recently separated Veteran, other protected Veteran, or an Armed Forces service medal Veteran, we would like to include you under our affirmative action program. 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.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### 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.<sup>1</sup> 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:

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

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### 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.

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<sup>i</sup> 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](http://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.