



# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ Desired Salary/Wage \_\_\_\_\_

NAME: (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Other name(s) used: \_\_\_\_\_

PRESENT ADDRESS: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

How long have you lived here? \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ MESSAGE TELEPHONE NUMBER: \_\_\_\_\_

PERMANENT ADDRESS: (if different from above) (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Can you provide verification of your legal right to work in the United States if selected for a position? Yes \_\_\_ No \_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY Native American Services Corp? Yes \_\_\_ No \_\_\_  
(Please provide dates of employment and name under which you worked)

(Name) \_\_\_\_\_ (From) \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

WHEN ARE YOU AVAILABLE TO START WORK? \_\_\_\_\_

How were you referred to Native American Services Corp?

\_\_\_ Answered advertisement (Specify) \_\_\_\_\_ \_\_\_ Friend or Relative (Specify) \_\_\_\_\_

\_\_\_ Employment agency (Specify) \_\_\_\_\_

LIST NAME OF FRIEND/S OR RELATIVE/S WHO WORK AT Native American Services Corp. \_\_\_\_\_

\_\_\_\_\_

Are you available to travel? Yes \_\_\_ No \_\_\_

Are you willing to relocate? Yes \_\_\_ No \_\_\_

Will you work overtime if required? Yes \_\_\_ No \_\_\_

If the job requires you to operate a vehicle, do you have a valid driver's license or can you obtain one? Yes \_\_\_ No \_\_\_

(State) \_\_\_\_\_ (Type/Class) \_\_\_\_\_ (Driver's License No.) \_\_\_\_\_

## AN EQUAL OPPORTUNITY EMPLOYER

*NASCO is an Equal Employment/Affirmative Action Employer and as such does not discriminate in any employment decision on the basis of race, gender, religion, national origin, age, disability or veteran's status, or any other protected class.*



### APPLICATION FOR EMPLOYMENT (Cont.)

**SKILLS:**

Machines/equipment operated: \_\_\_\_\_

Type? Yes \_\_\_ No \_\_\_ W.P.M. \_\_\_ Computers? Yes \_\_\_ No \_\_\_ Software Programs? \_\_\_\_\_

Other training: (Include environmental or other job related training) \_\_\_\_\_

**EDUCATION:**

School Attended	Name	Address	Circle Grade or Years Completed	Degree/Major
Last High School				
College or University				
Other (Trade, Military, Etc.)				

**EMPLOYMENT HISTORY:**

ARE YOU PRESENTLY EMPLOYED? Yes \_\_\_ No \_\_\_ IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes \_\_\_ No \_\_\_

**List all employment for the past 10 years starting with present or most recent employer. Please account for periods of unemployment during this time frame. This area must be completed; you may also attach a resume.**

Company: \_\_\_\_\_  
 Dates: From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_  
 Street Address: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
 Major Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_  
 Dates: From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_  
 Street Address: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
 Major Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_  
 Dates: From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_  
 Street Address: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
 Major Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_  
 Dates: From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_  
 Street Address: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
 Major Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_  
 Dates: From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_  
 Street Address: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
 Major Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_  
 Dates: From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_  
 Street Address: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Position Held: \_\_\_\_\_  
 Starting Salary \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_  
 Major Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_



APPLICATION FOR EMPLOYMENT (Cont.)

PROFESSIONAL LICENSES:

List any professional licenses you have that are related to the job.

Table with 3 columns: Description, Date Certified, State. Includes two rows of blank lines for entry.

HAVE YOU SERVED IN THE ARMED FORCES (U.S.)? Yes \_\_\_ No \_\_\_

If yes, please provide the Service Branch: \_\_\_\_\_

Special training received, if job related: \_\_\_\_\_

ARE YOU OVER 18 YEARS OF AGE? Yes \_\_\_ No \_\_\_

DO YOU CURRENTLY POSSESS OR HAVE YOU EVER POSSESSED A SECURITY CLEARANCE?

Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (A Felony, by itself, will no disqualify you from further consideration. The information you provide will be evaluated to determine your overall qualifications for the job you are seeking.)

Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

If an offer of employment is extended and accepted, a drug screen may be required. In addition, a medical examination may be required prior to the start date depending on the position.

WILL YOU AGREE TO TAKE A DRUG SCREEN AND OR PHYSICAL EXAMINATION IF HIRED? Yes \_\_\_ No \_\_\_

EMPLOYMENT REFERENCES: (At least on supervisor and peer level reference preferred.)

Name \_\_\_\_\_
Address \_\_\_\_\_
Phone Number \_\_\_\_\_

Name \_\_\_\_\_
Address \_\_\_\_\_
Phone Number \_\_\_\_\_

Name \_\_\_\_\_
Address \_\_\_\_\_
Phone Number \_\_\_\_\_

Name \_\_\_\_\_
Address \_\_\_\_\_
Phone Number \_\_\_\_\_

You may use the space below to provide additional information to evaluate your qualifications.

Five horizontal lines for providing additional information.



**APPLICATION FOR EMPLOYMENT (Cont.)**

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**PLEASE READ CAREFULLY**

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this information, or omission of material/information, is grounds for dismissal. I authorize the references 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 damage that may result from furnishing same to you. I understand that this application does not represent an offer of, or contract for employment. If an employment relationship is entered into and in consideration of such employment, I agree to conform to the rules and regulations of the Company, which the Company has the right to modify at any time, with or without notice. I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no Company representative other than the President 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.

To the maximum extent permitted by law, all actions, proceedings, claims, disputes and other controversies arising out of or related to my employment, including the termination thereof, shall be decided by binding arbitration in the city in which I am based, or in the alternative, in the city in which the dispute arose, in accordance with the rules of the American Arbitration Association.

**DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS**

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for EMPLOYMENT (including contract for services), I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. *If I include a current employer for verification, I may jeopardize my position within that company.*

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INT'L and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT'S SIGNATURE REQUIRED**



### Job Applicant Self Identification of Race/Ethnicity, Sex, Veteran and Disability Status

In keeping with Native American Services Corp’s commitment to Equal Employment Opportunity and Affirmative Action, we ask for your cooperation in providing the information requested below.

Providing this information is voluntary. Refusal to do so will not subject you to differential treatment in any way. Your response will be kept confidential. This information is requested in order to comply with various reporting requirements of state and federal agencies. Except as may be necessary, the information you provide on race, sex, veteran and disability status shall not be used for any employment decisions and will be kept separate from your application.

- Race:**                     **White** (Not Hispanic or Latino)
- Black or African American** (Not Hispanic or Latino)
- Hispanic or Latino**
- Asian** (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino)
- American Indian or Alaska Native** (Not Hispanic or Latino)
- Two or More Races** (Not Hispanic or Latino)
- Choose Not to Self-Identify**

**Sex:**    Female             Male             Choose Not to Self-Identify

NASCO 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:

- (1) “*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.
- (2) “*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.
- (3) 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.
- (4) 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. 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.

**Veteran:**  
**I Identify As One or More of The Classifications of Protected Veteran Listed Above**             **I am Not a Protected Veteran**   
**Choose Not To Self-Identify**

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **Date**

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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 1/31/2017  
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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.