

COMPANY OR EMPLOYER NAME: _____

POSITION APPLIED FOR: _____

APPLICANT TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

Employment Application

YOUR NAME: _____
Last First Middle

ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?

Yes No (If yes, verification will be required.)

I AM SEEKING A PERMANENT POSITION: Yes No

IF NECESSARY FOR THE JOB I AM ABLE TO:

Are you able to perform the essential functions of the position with or without accommodations?

Yes No

Work (which shifts)? _____

Work overtime? _____

Provide a valid Drivers License? _____

IF NECESSARY FOR THE JOB, ARE YOU OVER (Please mark one) 14__ 15__ 16__ 18__ 19__ 21__

I WILL BE ABLE TO REPORT TO WORK ___ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION:	Yrs. Completed	Field of Study	Graduate or Degree
High School _____			
College/University _____			
Business/Technical _____			
Other (May include grammar school) _____			

MILITARY SERVICE: Yes No

Duty/Specialized Training: _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
_____	_____	_____
_____	_____	Reason for leaving
_____	Supervisor's Name: _____ Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
_____	_____	_____
_____	_____	Reason for leaving
_____	Supervisor's Name: _____ Telephone: _____	

EMPLOYMENT CONTINUED...

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

Summarize other employment related to this job: _____

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair: _____

Typing speed: _____ per minute.

Professional Licenses, Certifications or Registrations: _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: _____

In case of accident or illness please contact: Name: _____ Daytime phone: _____

Address: _____ Relationship: _____

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ Date: _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Employer Section: _____

Applicant Self-Identification Form

Providing this information is strictly voluntary on your part, and is not required to complete your Application for Employment. Nor, will providing the information or not providing the information affect the outcome of your application.

Federal government regulations require Southern Earth Sciences, Inc. to maintain records of job applicants by gender and race. Additionally, we collect this information to ensure that we are monitoring our own success in encouraging diverse applicants.

Please assist us by providing the requested information. Providing this information is strictly voluntary on your part, and is not required to complete your Application for Employment.

Position Applying For: _____

Female_____ Male_____

1. _____African-American/Black (not of Hispanic origin)
2. _____Asian or Pacific Islander (includes Indian Subcontinent)
3. _____American Indian or Alaskan Native
4. _____Hispanic/Latino (Spanish culture or origin, regardless of race)
5. _____White (persons not of Hispanic origin, having origins in any of the original peoples of Europe, North Africa, or the Middle East)
6. Race not included above:

Please specify_____

Are you multi-racial or multi-ethnic (parents from two or more of the above listed groups)?

Yes_____ No_____

If yes, please specify _____

Thank you for your assistance.

SOUTHERN EARTH SCIENCES, INC.

Pre-Offer Protected Veteran Self-Identification Form

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:

(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.

Protected veterans may have additional rights under USERRA—the 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. 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.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I 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.¹ 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
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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.

ⁱ 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.

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.