



E3R is committed to providing equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, age, physical or mental disability, national origin, citizenship, military or veteran status, sexual orientation, gender identity and/or expression, genetic information, or other status protected by federal, state or local law.

APPLICATION FOR EMPLOYMENT

PERSONAL DATA	NAME: (FIRST) (MIDDLE) (LAST)			DATE:
	STREET ADDRESS			CONTACT PHONE:
	CITY, STATE, ZIP			EMAIL ADDRESS:
	ARE YOU 18 YEARS OR OLDER? YES NO	WILLING TO RELOCATE? YES NO	WILLING TO TRAVEL? YES NO	

POSITION DESIRED	POSITION DESIRED	LOCATION OF POSITION DESIRED?
	HOW DID YOU LEARN OF POSITION?	DATE AVAILABLE:
	ARE YOU CURRENTLY EMPLOYED? YES NO	IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO
	HAVE YOU EVER APPLIED TO E3R BEFORE? YES NO	IF YES, WHERE? WHEN?
	HAVE YOU EVER WORKED FOR E3R BEFORE? YES NO	IF YES, WHERE? WHEN?

GENERAL	ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SHIFT WORK <input type="checkbox"/> TEMPORARY
	HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WITH WHAT EMPLOYER?
	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
	WILL YOU NOW, OR IN THE FUTURE, REQUIRE SPONSORSHIP FOR EMPLOYMENT STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DO YOU HAVE RELATIVES OR MEMBERS OF YOUR HOUSEHOLD BEEN EMPLOYED BY E3R? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE NAME: RELATIONSHIP: LOCATION:	

	SCHOOL	NAME	LOCATION	DEGREE/ COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	YEAR GRADUATED
EDUCATION	HIGH SCHOOL					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	OTHER (ex: GED)					<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT EXPERIENCE

List previous employment beginning with your present or most recent employer. List all dates and locations for unemployment or self-employment. List military service as previous employment. If you need additional space, you may continue on a separate sheet of paper.

1	COMPANY NAME			TELEPHONE
	STREET ADDRESS		CITY	STATE
	EMPLOYED (MONTH/ YEAR)			FROM: TO:
	NAME OF SUPERVISOR			
STATE JOB TITLE AND DESCRIBE YOUR WORK			REASON FOR LEAVING	
2	COMPANY NAME			TELEPHONE
	STREET ADDRESS		CITY	STATE
	EMPLOYED (MONTH/ YEAR)			FROM: TO:
	NAME OF SUPERVISOR			
STATE JOB TITLE AND DESCRIBE YOUR WORK			REASON FOR LEAVING	
3	COMPANY NAME			TELEPHONE
	STREET ADDRESS		CITY	STATE
	EMPLOYED (MONTH/ YEAR)			FROM: TO:
	NAME OF SUPERVISOR			
STATE JOB TITLE AND DESCRIBE YOUR WORK			REASON FOR LEAVING	
4	COMPANY NAME			TELEPHONE
	STREET ADDRESS		CITY	STATE
	EMPLOYED (MONTH/ YEAR)			FROM: TO:
	NAME OF SUPERVISOR			
STATE JOB TITLE AND DESCRIBE YOUR WORK			REASON FOR LEAVING	
<u>We may contact the employers listed above unless you indicate those you do not want us to contact.</u>			DO NOT CONTACT Employer Reason	

PLEASE LIST SPECIFIC SKILLS. GIVE LENGTH OF EXPERIENCE OR LEVEL OF EXPERTISE

SKILLS PROFILE	YRS.		MTH.		YRS.		MTH.		YRS.		MTH.	

SPECIAL SKILLS:

SUMMARIZE SPECIAL OR JOB-RELATED SKILLS, CERTIFICATIONS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

DESCRIBE MAJOR ACCOMPLISHMENTS WITH PREVIOUS EMPLOYERS.

LIST JOB-RELATED PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ethnicity, disability or other protected status)

REFERENCES:

List three business references (manager, supervisor, or co-worker), who have knowledge of your work performance.

	NAME	PHONE NUMBER	TITLE	YEARS ACQUAINTED
1.				
2.				
3.				

AUTHORIZATION AND SIGNATURE

PLEASE READ CAREFULLY

I certify that the information provided in this employment application (and any accompanying documents) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment and may result in my dismissal from employment, if discovered at a later date.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, and release from liability E3R (the "Company"), its affiliated entities, its agents and its employees, and all other persons, corporations or organizations who seek or furnish such information, from any and all liability for any claim or damage resulting therefrom..

I understand also that, if employed, I am required to abide by all rules and regulations of the Company.

I hereby understand and acknowledge that this employment application is not a contract or legal guarantee of employment. If hired by the Company, I understand that any employment relationship with this Company is of an "at will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause. I understand and agree that my employment is for no definite period and the Company has the right to discipline me, terminate my employment, or change the terms of my employment at its discretion, at any time without any previous notice. It is further understood that this "at will" employment relationship may not be changed by any oral or written document or by conduct unless such change is specifically acknowledged in writing by a duly authorized officer of this corporation.

I understand that E3R, or the Contractor to which I am applying for employment, may require a pre-employment drug screening, a physical examination, a background check, a consumer report, and/or a program for drug and alcohol testing of its employees on a random, reasonable cause, and/or post-accident basis. I agree to provide my authorization for, and to comply with, such requirements.

I understand my application will be considered only for the specific position for which I applied. I further understand any job offer may be conditioned upon information obtained after the offer is made.

If no specific position is available at the time of my application for employment, I understand if I have not heard from the Company within (60) days, and still wish to be considered for employment, it will be necessary for me to fill out a new application

In compliance with the Americans with Disabilities Act Amendments Act (ADAAA), if you have a disability and would like to request an accommodation in order to apply for a position with E3R, please email hr@e3rinc.com

APPLICANT'S SIGNATURE:

DATE:

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

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.

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

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't 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

Job Title: _____ Date of Hire: _____



VOLUNTARY EEO IDENTIFICATION

It is the policy of E3R to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, citizenship status, age, veteran status, marital status, physical or mental disability, sexual orientation, or any other legally protected status.

The company is subject to certain governmental recordkeeping and reporting requirements. In order to comply with these laws, the company invites employees and applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations. When reported, data will not identify any specific individual.

PLEASE COMPLETE THE FOLLOWING:

Full Name (use block letters)

Date (dd/mm/yyyy)

VOLUNTARY INFORMATION

GENDER: MALE FEMALE

RACE/ ETHNICITY:

HISPANIC OR LATINO

Mexican/Mexican-American: Persons of Mexican culture or origin, regardless of race.

Latin-American: Persons of Latin American (e.g., Central American, South American, Cuban, Puerto Rican) culture or origin, regardless of race. *Other*

Spanish/Spanish-American: Persons of Spanish culture or origin, not included in any of the Hispanic categories listed above.

BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO)

Persons having origins in any of the black racial groups of Africa.

AMERICAN INDIAN OR ALASKA NATIVE (NOT HISPANIC OR LATINO)

Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

ASIAN (NOT HISPANIC OR LATINO)

Chinese/Chinese-American: Persons having origins in any of the original peoples of China.

Japanese/Japanese-American: Persons having origins in any of the original peoples of Japan.

Filipino/Pilipino: Persons having origins in any of the original peoples of the Philippine Islands.

Pakistani/East Indian: Persons having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan).

Other Asian: Persons having origins in any of the original peoples of the Far East (including Korea, Malaysia, Cambodia, Thailand and Vietnam), and Southeast Asia.

WHITE (NOT HISPANIC OR LATINO)

Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO)

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

TWO OR MORE RACES (NOT HISPANIC OR LATINO)

Persons who identify with more than one of the above races/ethnicities.

CHOOSE TO NOT SELF-IDENTIFY



VOLUNTARY SELF IDENTIFICATION OF VETERAN STATUS

E3R 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 Armed Forces service medal veterans. These classifications are defined as follows:

A "**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.
- A "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 .
- 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.
- 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 on the back of this form.



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.

I am a Veteran, But I Do Not Fall Under the Classifications of Protected Veteran.

I am Not a Veteran.

I choose Not to Self-Identify / I Decline to Disclose My Protected Veteran Status.

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.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

First and Last Name (in block letters)

Date (mm/dd/year)

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