

Application for Employment

Position(s) Applied For:

Referral Source: **Advertisement** **Employment Agency** **Relative/Friend**
Other

Name:

LAST

FIRST

MIDDLE

Address:

STREET

PO BOX OR APT. # CITY

STATE

ZIP CODE

Phone:

Social Security Number:

- 1). Are you related to a current High West Energy director or employee?... YES NO
If yes, what is the relation?
- 2). If employed and under 18, can you furnish a work permit? YES NO N/A
- 3). Have you filled out an application here before?..... YES NO
If yes, when:
- 4). Have you ever been employed here before?..... YES NO
If yes, when:
- 5). Are you lawfully authorized to work in the U.S.?..... YES NO
(Proof of citizenship or immigration status may be required upon employment)
- 6). On what date would you be available for work?
- 7). Are you available: Full time Part time Temporary
- 8). Are you on a lay-off and subject to recall?..... YES NO
- 9). Can you travel if the job requires it?..... YES NO
- 10). Have you been convicted of a felony within the past 7 years?..... YES NO
Conviction will not necessarily disqualify applicant from employment.
If yes, please explain on an attached document.
(Nebraska residents do not need to respond to this question.)
- 11). Have you received a job opening announcement that states the essential requirements of the position?..... YES NO
- 12). Are you capable of performing with or without reasonable accommodation, the essential functions of the job for which YES NO
you are applying?..... YES NO
- Are you a Veteran of the U.S. Military?.....
If yes, which branch?

Indicate Languages you speak, read, or write:

LANGUAGE(S)

BEGINNER, INTERMEDIATE OR ADVANCED

READ SPEAK WRITE

READ SPEAK WRITE

READ SPEAK WRITE

References

Please provide three references who are not related to you or previous employers.

REFERENCE #1 NAME	YEARS KNOWN
JOB TITLE & EMPLOYER	RELATIONSHIP
ADDRESS	PHONE

REFERENCE #2 NAME	YEARS KNOWN
JOB TITLE & EMPLOYER	RELATIONSHIP
ADDRESS	PHONE

REFERENCE #3 NAME	YEARS KNOWN
JOB TITLE & EMPLOYER	RELATIONSHIP
ADDRESS	PHONE

Education

	School Name	Years Completed	Course of Study	Apprenticeships/skills
High School		9 10 11 12		
College		1 2 3 4 5		
Graduate/ Professional		1 2 3 +		
Trade/ Specialized School		1 2 3 +		

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin.)

Military service, community service, civic/church leadership, etc.:

Honors Received:

Summarize special skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us when considering your application:

Employment Experience

Start with your most recent job. Exclude organization names which include race, color, sex or national origin. If you need more space, please continue on an additional document.

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EMPLOYER	EMPLOYED FROM	EMPLOYED TO
JOB TITLE	SUPERVISOR NAME	
ADDRESS	PHONE	
MAY WE CONTACT EMPLOYER?	YES	NO
WORK PERFORMED		
REASON FOR LEAVING		

2

EMPLOYER	EMPLOYED FROM	EMPLOYED TO
JOB TITLE	SUPERVISOR NAME	
ADDRESS	PHONE	
MAY WE CONTACT EMPLOYER?	YES	NO
WORK PERFORMED		
REASON FOR LEAVING		

Employment cont.

3

EMPLOYER	EMPLOYED FROM	EMPLOYED TO
JOB TITLE	SUPERVISOR NAME	
ADDRESS	PHONE	
MAY WE CONTACT EMPLOYER?	YES	NO
WORK PERFORMED		
REASON FOR LEAVING		

4

EMPLOYER	EMPLOYED FROM	EMPLOYED TO
JOB TITLE	SUPERVISOR NAME	
ADDRESS	PHONE	
MAY WE CONTACT EMPLOYER?	YES	NO
WORK PERFORMED		
REASON FOR LEAVING		

Applicant's Affirmative Action Information

It is the policy of High West Energy, Inc. to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246, we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION BELOW.

Name:

LAST

FIRST

MIDDLE

Date:

Position:

Racial Origin/Ethnicity (You may mark one or more of the following)

White - Not of Hispanic origin - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

African American or black - Not of Hispanic origin - A person having origins in any of the black racial groups of Africa.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaskan native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Native Hawaiian or other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Two or more (not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Ethnicity

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

I elect not to identify

Sex

Male Female

SIGNATURE OF APPLICANT

A typed name is sufficient for applications that are submitted electronically.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the High West Energy, Inc.

SIGNATURE OF APPLICANT

A typed name is sufficient for applications that are submitted electronically.

DATE

For Department Use Only

Arrange Interview: YES NO

Remarks:

Interviewer:

Date:

Employed: YES NO

Date of Employment:

Job Title:

Hourly Rate/Salary:

Department:

REVIEWED BY (NAME & TITLE)

DATE

Veteran's Invitation to Self-Identify

INVITATION TO SELF-IDENTIFY UNDER THE VEVRAA 1974, AS AMENDED BY THE JOBS FOR VETERANS ACT OF 2002, 38 U.S.C. 4212 (VEVRAA).

We invite all qualified applicants (those who meet the definition of and Internet Applicant in 41 CFR 60-1.3) the opportunity to self-identify as to whether the applicant believes that he or she is a protected veteran who may be covered by the Veteran's Act.

High West Energy, Inc., 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:

- 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 a 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, participated in a United States military operation 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 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

SIGNATURE OF APPLICANT

DATE

A typed name is sufficient for applications that are submitted electronically.

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2017

Why are you 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.ⁱ 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 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 do not have a disability

I do not wish to answer

SIGNATURE OF APPLICANT

DATE

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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.

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.