

(Note: This form is editable. Click on 1<sup>st</sup> field then "TAB" to move to next field. Then print and fax to: 305-594-8909)

Qualified individuals with a disability have the right to request a reasonable accommodation to our paper application process. If you are unable or limited in your ability to complete the application as a result of your disability, request a reasonable accommodation by calling Jackie Gonzalez, Human Resources Manager at 305-477-3329 ext. 3127 / email: Jackie\_Gonzalez@pantropic.com and informing us regarding the nature of your request and providing your contact information. Please do not direct any other general employment related questions to this email and/or phone number. Only inquiries concerning a request for reasonable accommodation will be responded to from this e-mail address and/or phone number.



Pantropic Power Inc.

## Application for Employment

PLEASE PRINT

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source**

☐ Advertisement ☐ Employee ☐ Relative ☐ Government ☐ Employment Agency  
☐ Walk-in ☐ Private Employment Agency ☐ Other

Name of Referral (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number \_\_\_\_\_

If necessary, best time to call you is. ....

May we contact you at work? ..... ☐ Yes ☐ No

If yes, work number and best time to call \_\_ ( ) \_\_\_\_\_ :\_\_ am pm

If you are under 18, can you furnish a work permit? ..... ☐ Yes ☐ No

Have you filed an application here before? ..... ☐ Yes ☐ No

If yes, give date ..... / /

Have you ever been employed here before? ..... ☐ Yes ☐ No

If yes, give dates ..... From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you eligible for employment in this country? ..... ☐ Yes ☐ No

(Proof of employment eligibility and identity will be required upon employment)

Date available for work ..... / /

Type of employment desired ☐ Full Time ☐ Part Time ☐ Temporary

Are you on lay-off and subject to recall? ..... ☐ Yes ☐ No

Will you relocate if job requires it? ☐ Yes ☐ No Will you travel if job requires it? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ..... ☐ Yes ☐ No

Will you work overtime if required? ..... ☐ Yes ☐ No

Have you ever been bonded? ..... ☐ Yes ☐ No

Have you been convicted of a felony in the last seven (7) years? ..... ☐ Yes ☐ No

(Such conviction may be relevant if job related, but does not bar you from employment.)

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

Equal Opportunity Employer-Vet/Disability

## Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone (     )	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Employer	Telephone (     )	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Employer	Telephone (     )	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Employer	Telephone (     )	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

### Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

---

---

---

## **Educational Background (if job related)**

**A.** List last three (3) schools attended, starting with last one. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E./F.** Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

## **References**

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List professional, trade, business, or civic associations and any offices held.

Organization	Offices Held

List special accomplishments, publications, awards.

---

---

---

List any additional information you would like us to consider. \_\_\_\_\_

---

---

---

---



**Pantropic Power Inc.**

## **Acknowledge and Authorization**

It is understood and agreed upon that any misrepresentation in this application will be sufficient cause for disqualification of this application and/or my separation from employment.

Further, by signing this application, I give the Employer the right to contact all references and to secure additional information about my qualifications. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

**Signature of Applicant** \_\_\_\_\_

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

## Affirmative Action Self ID Survey

Applicants and employees are treated without regard to race, color, creed, religion, sexual orientation, gender, national origin, age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with government regulation and affirmative action responsibilities. Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below. The information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

### YOUR COOPERATION IS VOLUNTARY

### INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

**Please complete the following information. Please print.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date: \_\_\_\_\_ Job Title/Req Number: \_\_\_\_\_

#### Gender

☐ Male ☐ Female

**Ethnicity** - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or of Spanish culture or origin, regardless of race.)

☐ Yes ☐ No

**Race** - If you are not Hispanic or Latino, please select the appropriate race category.

☐ White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North America.

☐ 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.

☐ 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.

☐ American Indian or Alaska Native (not Hispanic or Latino) - 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.

☐ Two or More Races (not Hispanic or Latino) - Persons who identify with more than one of the above five races.

☐ I respectfully decline completing the information being requested above. \_\_\_\_\_ Initials

## Invitation to Self-Identify – Pre-Offer

---

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. 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.
2. 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.
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

---

Signature (please 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>i</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  
Page 2 of 2

## 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.

---

<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.