



Please Print Clearly **APPLICATION FOR EMPLOYMENT**

Date: _____

Resumes Are Not A Substitute For A Completed Application

We are an Equal Opportunity Employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

APPLICANT INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -	
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone () -
Email Address	Are you legally entitled to work in the U.S.? [] Yes [] No			

POSITION

Position or Type of Employment Desired	Date Available	Salary Desired	Will Accept: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Were you referred by a Spectrum employee? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, provide the name of the employee _____			
How did you hear about this position and Spectrum Management, LLC? _____			
Do you have a relative working for Spectrum Management, LLC? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please provide the name of the employee _____			

EDUCATION AND TRAINING

Education	School Name and Location (City, State)	Course of Study	Degree/Major
High School			
College			
Bus/Tech/Trade or Certifications			
List special and technical skills	_____		



WORK EXPERIENCE

Please list the names of your present and/or previous employers during the last 10 years in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply company name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry accurately may disqualify you from consideration for employment.

Employer		Type of Business	
Employer Address	Telephone Number	Start Date - End Date	Salary: (Start - Finish)
Job Title		Supervisor Name	
Reason for leaving		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____	
Specific Job Responsibilities		Position: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

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Specific Job Responsibilities		Position: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	



WORK EXPERIENCE CONTINUED

Please list the names of your present and/or previous employers during the last 10 years in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply company name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry accurately may disqualify you from consideration for employment.

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Specific Job Responsibilities		Position: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	



APPLICANT CERTIFICATION

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE DISTRICT OF COLUMBIA LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

I authorize Spectrum or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, and local law.

If hired by Spectrum, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States.

I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY INFORMATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT OR, IF EMPLOYED, DISCIPLINARY ACTION, UP TO AND INCLUDING IMMEDIATE TERMINATION.

Applicant Printed Name _____ Date _____

Applicant Signature _____ Date _____



EEO-I VOLUNTARY SELF IDENTIFICATION FORM

The Equal Employment Opportunity Commission (EEOC) requires organizations with 50 or more employees must invite applicants to self-identify gender, race and complete an EEO-I report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-I reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources Department.

Name: _____ Job Title: _____ Date: _____

Gender Male Female

RACE/ETHNICITY

Please check one of the descriptions below corresponding to the ethnic group with which you identify.

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- 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 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 American) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) (All persons who identify with more than one of the above five races.
- I do not wish to respond



VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

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. 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 CONT.

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

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.



VOLUNTARY SELF-IDENTIFICATION OF VETERANS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 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:

Definitions

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 discharged or released during the most recent 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.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category.

Please indicate your veteran status by checking the appropriate box below.

- I am NOT a veteran.
- I belong to the following classifications of protected veterans (Choose all that apply):
 - RECENTLY SEPARATED VETERAN
 - ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
 - ARMED FORCES SERVICE MEDAL VETERAN
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am a veteran, but NOT a protected veteran.

Your Name / Z#

Date



VOLUNTARY SELF-IDENTIFICATION OF VETERANS CONT.

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

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.