



Employment Application

Submission options: Email application to HR@Ellipse-Global.com or mail to the above address.

All pages must be filled out.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the U.S.? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when: _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Questionnaire

Are you over the age of 18? Yes No

What languages do you speak fluently: _____

Do you have a food handler card? Yes No

Do you have a driver's license? Yes No If yes, from what state: _____

Do you have a CDL? Yes No If yes, list endorsements you have: _____

Are you available through the Summer? Yes No

Are you available through the Fall? Yes No

If asked, are you willing to consent to a background check? Yes No

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Work Environment

Can you adapt to long work hours and extreme conditions? Yes No

Are you flexible to work in a position other than the one you are applying for? Yes No

Do you understand and accept that you may be required to be away from home for extended periods of time up to 30 days or longer? Yes No

Are there any limitations that may affect you traveling for the company? Yes No

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

By selecting "I Agree" you are acknowledging that you are signing this application electronically. You agree your electronic signature is the legal equivalent of your handwritten signature. I Agree

Incident Catering Services (ICS) is an Equal Opportunity Employer. We believe every employee has the right to work in an environment that is free from all forms of unlawful discrimination. Consistent with applicable laws, ICS makes all decisions involving any aspect of the employment relationship without regard to race, color, sex, creed, religion, age, marital status, national origin, citizenship, the presence of any sensory, mental, or physical disability, veteran status, sexual orientation, gender identity, gender expression, or any other status or characteristic protected by applicable local, state, or federal law.

Voluntary Self-Identification of Disability

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.

Invitation to Self-Identify - Applicant

We are a government contractor subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to self-identify in various categories below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

PLEASE CHECK ALL APPLICABLE BOXES BELOW. (The categories and definitions listed follow EEOC guidelines.)

GENDER: I belong to the following classification:

- Female Male Decline to Answer

RACE/ETHNICITY: I belong to the following classification:

- | | |
|---|--|
| <input type="checkbox"/> <u>Hispanic or Latino</u> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.) | <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander ~ not Hispanic or Latino</u> (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) |
| <input type="checkbox"/> <u>Black or African American ~ not Hispanic or Latino</u> (A person having origins in any of the black racial groups of Africa.) | <input type="checkbox"/> <u>American Indian or Alaskan Native ~ not Hispanic or Latino</u> (A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.) |
| <input type="checkbox"/> <u>White~ not Hispanic or Latino</u> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) | <input type="checkbox"/> <u>Two or More Races ~ not Hispanic or Latino</u> (All persons who identify with more than one of the above five races.) |
| <input type="checkbox"/> <u>Asian ~ not Hispanic or Latino</u> (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.) | <input type="checkbox"/> Decline to Answer |

PROTECTED VETERAN: I belong to the following classification:

- I identify as one or more of the classifications of Protected Veterans as defined below:

Protected Veteran includes disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed forces service medal veterans defines as follows:

- A **disabled veteran** is one of the following:
 - 1) 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**
 - 2) 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.

I am not a protected veteran.

I decline to answer.

Name: _____

Date: _____

Position Applied For: _____

Voluntary Self-Identification of Disability

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