



## 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.*

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## Voluntary Self-Identification of Disability

### Reasonable Accommodation Notice

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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](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.

## 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 <b>Asia</b> , 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

Form CC-305  
Page 1 of 1

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](http://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

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_