



EMPLOYMENT APPLICATION

— AN EQUAL OPPORTUNITY EMPLOYER —

CANDIDATES FOR ALL POSITIONS WILL BE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGIONS, CREED, GENDER, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL, OR VETERAN CLASSIFICATION OR ANY OTHER LEGALLY PROTECTED STATUS. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. **OMISSIONS MAY RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION.** PLEASE PRINT CLEARLY IN INK OR TYPE. THANK YOU FOR YOUR INTEREST IN CAPCO INC. IT IS SINCERELY APPRECIATED.

PERSONAL DATA

Name: _____ Date: _____

Street Address: _____ SSN: **XXX** - **XX** - _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Position Desired: _____ Date Available: _____

How did you hear about this position? _____

Name(s) of Capco Inc. employee(s) you know: _____

Have you ever filed an application with us before? Yes No If yes, give date: _____

Have you ever been employed here? Yes No When? _____

Apart from absences for religious observances, are you available full time? Yes No

If not, when can you work? _____ Is there any reason you cannot meet all punctuality and attendance requirements? Yes No If yes, explain: _____

Minimum acceptable wage: \$ _____

EDUCATION AND TRAINING

NAME	LOCATION	GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TECHNICAL			
OTHER			
OTHER			

MILITARY BACKGROUND

Were you a member of the U.S. Armed Forces? Yes No Branch? _____

Describe training received _____

GENERAL INFORMATION

Have you been convicted of a felony or serious misdemeanor, or have you been incarcerated in the last ten years? (A conviction may not disqualify the applicant) Yes No If yes, explain:

DATE OF CONVICTION	CRIME	CIRCUMSTANCES
1: _____	_____	_____
2: _____	_____	_____

PERSONAL REFERENCES: Provide name, address, and telephone number of three persons who are not relatives or previous employers.

1: _____

2: _____

3: _____

PROFESSIONAL REFERENCES: Provide name, address, and telephone number of three persons familiar with your work history but who are not relatives or personal friends.

1: _____

2: _____

3: _____

List job related professional, trade, business, or civic activities and associated memberships. (Omit names which may reveal gender, sexual orientation, gender identity, race, religion, national origin, age, disability, veteran or other protected status.)

Indicate any experience, skills, training, or qualifications including hobbies relevant to the position sought not yet stated:

EMPLOYMENT EXPERIENCE

START WITH MOST RECENT EMPLOYER FIRST

Employer:	Telephone:	Dates Employed	Work Performed
		From To	
Address:			
Job Title:			
Supervisor:		Hourly Rate/Salary	
		Starting Final	
Reason for Leaving:			

Employer:	Telephone:	Dates Employed	Work Performed
		From To	
Address:			
Job Title:			
Supervisor:		Hourly Rate/Salary	
		Starting Final	
Reason for Leaving:			

Employer:	Telephone:	Dates Employed	Work Performed
		From To	
Address:			
Job Title:			
Supervisor:		Hourly Rate/Salary	
		Starting Final	
Reason for Leaving:			

Employer:	Telephone:	Dates Employed	Work Performed
		From To	
Address:			
Job Title:			
Supervisor:		Hourly Rate/Salary	
		Starting Final	
Reason for Leaving:			

Any prior employers you do not want contacted? _____

Have you been involuntarily discharged or asked to resign from any previous employment? Yes No

If yes, please explain: _____

REGULATORY COMPLIANCE QUESTIONNAIRE

Completion of the following questionnaire is required by all Capco applicants and employees. All questions must be answered truthfully. Applicants who provide false information may not be offered employment. Employees who provide false information may receive disciplinary action up to and including termination.

Last Name:	
First Name:	
Middle Name:	
Last 4 Digits of your Social Security Number:	
Home Address:	
City:	
State:	Zip:

Signature

Print Your Name

Date

YES or NO	The following questions must be answered with a "YES" or "NO" answer.
	Are you at least 21 years of age?
	Have you ever been convicted in any court of a felony (a crime punishable by imprisonment for a term exceeding one year)? (If yes, please provide date, jurisdiction, and description of offense(s) of conviction on a separate sheet.)
	Are you under Indictment or Information charging you with a crime punishable by imprisonment for a term exceeding one year?
	Are you a fugitive from justice?
	Are you an unlawful user of, or addicted to, marijuana or any controlled substance?
	Have you ever been adjudicated mentally defective or been committed to a mental institution?
	Have you been dishonorably discharged from the Armed Forces of the United States?
	Have you ever renounced your United States citizenship?
	Are you subject to a court-issued domestic violence restraining order?
	Have you ever been convicted of a misdemeanor crime of domestic violence?
The following questions ask about your citizenship status. Only one box should be marked "YES."	
	Are you a citizen or national of the United States? (Please provide proof of same, e.g., valid U.S. Passport, Naturalization Certificate, or U.S. or state-issued birth certificate)
	Are you a Lawful Permanent Resident of the United States? (Please provide proof of same, e.g., valid Permanent Resident Card (commonly known as a "green card"))
	Are you an alien lawfully admitted for temporary residence status? (Please provide proof of same, e.g. Form I-94, Employment Authorization Document, or USCIS approval notice.)
	Are you a refugee or asylee in the United States? (Please provide proof of same, e.g. Form I-94/I-94A indicating refugee or asylee status, Employment Authorization Document, or Refugee Travel Document.)

Advisement for Capco Applicants and Employees Regarding Background Checks and Compliance Questionnaire

Capco is an equal opportunity employer and complies with laws that provide for a workplace free from illegal discrimination. These laws include federal statutes prohibiting unfair immigration-related employment practices. *See* 8 U.S.C. § 1324b(a)(1).

Capco is also required to comply with federal and state laws, regulations, and government contract provisions essential to do business with agencies or departments of federal, state and/or local governments. *See* 8 U.S.C. § 1324b(a)(2)(C), 18 U.S.C. § 922 (firearms – unlawful acts), and 18 U.S.C. § 842(g)(1), *et seq.* (explosives – unlawful acts), 22 U.S.C. § 2778, *et seq.* (Arms Export Control Act), 22 CFR § 120, *et seq.* (International Trafficking in Arms Regulations ((ITAR)).

These legal provisions require Capco to ensure that no person prohibited by federal law from possessing or having access to firearms, ammunition, explosive materials, or export-controlled articles or technical data comes into possession of or accesses such items on Capco's premises.

Federal firearms and explosives laws prohibit Capco from providing to any individual, and also prohibit any individual from possessing or receiving on Capco's premises any covered firearm, ammunition, or explosive materials that Capco maintains or produces if said individual:

- (1) has been convicted in any court of a felony offense,
- (2) is a fugitive from justice,
- (3) is an unlawful user of, or addicted to, marijuana or any controlled substance,
- (4) has been adjudicated a "mental defective" or committed to a mental institution,
- (5) is an alien other than
 - (a) an alien lawfully admitted for permanent residence,
 - (b) an alien in lawful nonimmigrant status (special diplomatic or other status),
 - (c) certain refugees admitted for temporary residence under 8 U.S.C. § 1157, or
 - (d) certain aliens granted asylum under 8 U.S.C. § 1158,
- (6) has been dishonorably discharged from the Armed Forces of the United States,
- (7) has renounced his/her United States citizenship,
- (8) is subject to a qualifying domestic violence court-issued restraining order,
- (9) has been convicted of a misdemeanor crime of domestic violence,
- (10) is under indictment for (charged with) a felony offense, or
- (11) is under 21 years of age.

See 18 U.S.C. §§ 842 and 922. The Bureau of Alcohol, Tobacco, Firearms and Explosives of the United States Department of Justice enforces these legal and implementing regulatory provisions.

The ITAR requires Capco (and ALL Capco personnel) to ensure that no defense articles or technical data are exported to any "foreign person" (natural persons or corporate or government entities) without a duly-issued export license from the U.S. State Department. This provision includes so-called "deemed exports," defined as providing export-controlled items without an export license issued by the State Department to a "foreign person" present in the United States.

“Foreign person” is defined by federal statute and regulation to mean a person who is NOT

- (1) a citizen or national of the United States,
- (2) an alien lawfully admitted to the United States for permanent residence,
- (3) a qualifying alien lawfully admitted to the United States for temporary residence
 - (a) as a special agricultural worker (8 U.S.C. § 1160(a)), or
 - (b) under amnesty (8 U.S.C. § 1255a(a)(1)),
- (4) a refugee admitted for temporary residence in the United States under 8 U.S.C. § 1157, or
- (5) an alien granted asylum under 8 U.S.C. § 1158.

See 22 CFR §§ 120.14, 120.15, and 120.16. The Office of Defense Trade Controls of the United States Department of State enforces these legal and regulatory provisions.

To ensure compliance with these and other mandatory federal and state legal and regulatory requirements, you are being asked to complete the following questionnaire. Prior to completing the attached questionnaire, you should be aware that providing false information concerning the matters covered by the questionnaire could also be deemed to be a violation of federal law as a false statement within the jurisdiction of a federal agency. Violation of the federal false statement statute, 18 U.S.C. § 1001, subjects a person knowingly making such a false statement to the possibility of imprisonment, criminal fines, or both. Providing false information is also a violation of company policy, and may result in denial of employment for applicants or disciplinary action up to and including termination for employees.

If employed by Capco, it is your continuing responsibility to report to the Capco Human Resources department any change in circumstance that would cause you to provide a different answer to any of the questions in the attached questionnaire immediately after the occurrence of that change in circumstance. Capco reserves the right to perform criminal background checks, disallowed parties (ITAR) checks, and/or proof of immigration status checks to ensure compliance with these and other applicable federal statutes, regulations and any required government contract provisions. Your cooperation is appreciated.

I have read and understood the information presented above:

Signed

Date

Capco, Inc.
VOLUNTARY SELF-IDENTIFICATION FORM SURVEY

For statistical reporting we ask that you voluntarily
provide the information below.

This voluntary survey assists us in complying with government recordkeeping, reporting, and other legal requirements. Government agencies require periodic reports on the sex and race of employees, under certain circumstances. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your personnel file.

**YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA
WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip: _____

Job Title: _____

Check one: Male Female

Check one of the following:

- Hispanic or Latino **OR** Black or African American (not Hispanic or Latino)
 Two or More Races (not Hispanic or Latino)
 Asian (not Hispanic or Latino)
 White (not Hispanic or Latino)
 Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
 American Indian or Alaskan Native (not Hispanic or Latino)

Protected Veteran Status: If you believe you belong to any of the categories of protected veterans listed in the definitions attached to and included with this form, 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 in the attached definitions.

I am not a protected veteran.

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.

Capco, Inc. is an equal employment opportunity employer, and we do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran, disability, or any other similarly protected status. This form will be kept confidential and used only in accordance with applicable laws and regulations. When reported to the government in a statistical format, the data will not identify any specific individual. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Affirmative Action Race/Ethnicity Definitions

American Indian or Alaskan Native: A person with origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian: A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, Japan, Korea, the Philippine Islands, Malaysia, Pakistan, Thailand, and Vietnam.

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

Black/African-American: A person, not of Hispanic origin, with origins in any of the black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino): A person who identifies with more than one of the above five races.

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

Affirmative Action Protected Veteran Status Definitions

Disabled Veteran: 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.

Recently Separated Veteran: 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.

Active Duty Wartime or Campaign Badge Veteran: 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.

Armed Forces Service Medal Veteran: Any 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.

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.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.¹ 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
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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.

ⁱ 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.

DISCLOSURE AND AUTHORIZATION

**DISCLOSURE OF INTENT TO OBTAIN
CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS**

For employment purposes, the Company, Capco Inc., may obtain consumer reports on you as an applicant or from time to time during employment. "Consumer reports" are reports from consumer reporting agencies and may include driving records, criminal records, etc.

AUTHORIZATION

I authorize the Company to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.

Signature: _____ Date: _____

Print Name: _____ SSN: _____

Driver's License Number: _____ State: _____

Other Driver's Licenses Held in Past 5 Years: _____

Print Maiden or Other Names Under Which Records May be Listed: _____

Date of Birth (to be used only for proper identification): _____