



Electro-Methods, Inc.

330 Governors Highway
 South Windsor, CT 06074
 Phone: (860) 289-8661
 Email: jobs@electro-methods.com Website: electro-methods.com

Job Application

Personal Information

| | | | | | | | |
|--|--------------------------|--------|----------------|--|-------------------------------------|------------|--------------|
| Last | | First | | MI | Email | | |
| Street Address | | | City | ST | Zip | Home Phone | Mobile Phone |
| Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | If yes, please explain: | | | |
| Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Branch | | Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| What position are you applying for? | | | | How did you hear about this position? | | | |
| Do any of your friends or relatives, other than spouse, work here? | | | | Shift(s) available to work? <input type="checkbox"/> 1st shift <input type="checkbox"/> 2nd shift | | | |
| Expected Hourly Rate | Expected Weekly Earnings | | Date Available | | Best Time/Number to Contact you is: | | |

Prior Work Experience

| | | | | |
|--------------------|------------|-------------------------|---|--|
| Employer (1) | Job Title | Work Performed | Dates Employed From To | |
| Telephone | Supervisor | Starting Pay (Optional) | Ending Pay (Optional) | |
| Address | City | State | Zip | |
| Reason for Leaving | | | May we Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employer (2) | Job Title | Work Performed | Dates Employed From To | |
| Telephone | Supervisor | Starting Pay (Optional) | Ending Pay (Optional) | |
| Address | City | State | Zip | |
| Reason for Leaving | | | May we Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employer (3) | Job Title | Work Performed | Dates Employed From To | |
| Telephone | Supervisor | Starting Pay (Optional) | Ending Pay (Optional) | |
| Address | City | State | Zip | |
| Reason for Leaving | | | May we Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | |



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| Prior Work Experience (Continued) | | | |
|-----------------------------------|------------|-------------------------|--|
| Employer (4) | Job Title | Work Performed | Dates Employed From To |
| Telephone | Supervisor | Starting Pay (Optional) | Ending Pay (Optional) |
| Address | City | State | Zip |
| Reason for Leaving | | | May we Contact <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Education | | | | |
|--|---------------|--------------------|--------|-------------------|
| | Name/Location | Last Year Complete | Degree | Major or Emphasis |
| High School | | | | |
| College/University | | | | |
| Trade School | | | | |
| Other | | | | |
| List any applicable special skills, training or proficiencies. | | | | |

| Specialized Skills | | | |
|---|---|--|---|
| Microsoft | Engineering/CAD | Aerospace Inspection | Additional Programs |
| <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Project <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> NX <input type="checkbox"/> Vericut <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> CMM <input type="checkbox"/> NDT <input type="checkbox"/> Layout Skills <input type="checkbox"/> Knowledge of Geomtric Tolerance <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Oracle <input type="checkbox"/> Other (Specify) |

| References | | | | |
|------------|------|-----------|-----|--|
| Name | | Telephone | | |
| Address | City | State | Zip | |
| Name | | Telephone | | |
| Address | City | State | Zip | |
| Name | | Telephone | | |
| Address | City | State | Zip | |

| | | |
|--|-----------|------|
| Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records. | Signature | Date |
|--|-----------|------|

ETHNICITY AND RACE IDENTIFICATION

(Please read the Privacy Act Statement and instructions before completing form.)

| | | |
|------------------------------------|------------------------|----------------------------|
| Name (Last, First, Middle Initial) | Social Security Number | Birthdate (Month and Year) |
|------------------------------------|------------------------|----------------------------|

Agency Use Only

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 Yes No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

| RACIAL CATEGORY (Check as many as apply) | DEFINITION OF CATEGORY |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | 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. |
| <input type="checkbox"/> Asian | 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"/> Black or African American | A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want 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: _____

Invitation to Self-Identify

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, 38 U.S.C. 4212 (Section 4212), as amended, which requires Government contractors to take affirmative action to employ and advance in employment: (1) Qualified 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. **Qualified disabled veteran:** someone who has the ability to perform the essential functions of the employment position with or without reasonable accommodation, and also 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. **Recently separated veteran:** any veteran during the three-year period beginning on the date of such veteran's discharge or release from activity duty in the U.S. military, ground, naval, or air service.
3. **Active duty wartime or campaign badge veteran:** a veteran who served 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. **Armed forces service medal veteran:** 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.

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 Section 4212, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to Section 4212.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
 I AM NOT A PROTECTED VETERAN
 I CHOOSE NOT TO PROVIDE THIS INFORMATION

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 job properly and safely, 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.

You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

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.