

APPLICATION FOR EMPLOYMENT

It is the policy of Cantu Services, Inc. (the "Company") to provide equal employment opportunity to qualified individuals without regard to race, color, religion, sex, national origin, age, disability, veteran status, genetic information, or any other non job-related characteristic or any other basis prohibited by applicable law. We view the principle of equal employment opportunity as a vital element in the employment process.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

APPLICANT QUESTIONS:

Type of worked desired: _____ Salary desired: _____ Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 16 years of age or older? Yes No

Have you ever worked for Cantu Services, Inc. Yes No

How were you referred to Cantu Services, Inc.? _____

Have you ever been found guilty of a felony conviction? Yes No

"If yes, please explain the details of the case and include the date of the final disposition of the case. This information will not necessarily disqualify you from employment, but false or misleading information will. Factors such as the nature and gravity of the crime, the time that has passed since the conviction and the nature of the job you are seeking will be taken into account.

Details: _____

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____
Rank/Type of Service: _____
Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions beginning with the most recent:

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____
Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

	Name	Occupation	Years Known	Contact Information
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

Nothing on the application is intended to create or imply a contractual relationship; if hired, the employee understands that employment is at will, i.e., that it is not for any specific time period or duration, and can be terminated with or without reason at any time. While employment policies or procedures may change from time to time, only a written agreement signed by the Company's president can change the employee's at-will status.

Our Company does not currently administer drug tests to all employees; however, we do have a standard practice of requiring employees to submit to a drug test if an on-the-job injury occurs or abnormal behavior is observed by management.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I understand that I must submit a new application. I certify that all the statements in this completed application are true and correct. I understand that any falsification or willful omission shall be sufficient cause for termination or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____

Additional Note:

The Office of Federal Contract Compliance Programs (OFCCP) advises contractors who are covered under affirmative action requirements to ask applicants to self-identify gender, race, and ethnicity, and advises employers to collect the information on a separate form or "tear-off sheet." The request to self-identify should be accompanied by written assurance from the employer that the information collected will be kept separate from application materials and will not be part of the hiring process.

Voluntary Self-Identification of Disability

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.

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: _____

As a government contractor, Cantu Services, Inc. is required to take Affirmative Action to employ, and advance in employment, qualified Vietnam-era veterans, disabled veterans, campaign badge holders, and recently separated veterans. If you are a covered veteran and would like to be considered under our affirmative action program, please answer the questions below. Participation is voluntary and information will be used only in accordance with the Act.

1. **Are you a Disabled Veteran?** Yes No
A person entitled to disability compensation by the Veteran Administration for a disability rated at 30% or more, or a person discharged for a disability incurred in the line of duty during any era.

2. **Are you a Vietnam-era Veteran?**..... Yes No
(i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

3. **Are you a Recently Separated Veteran?** Yes No
Recently Separated Veterans' means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

4. **Are you Active Duty or a Campaign Badge Veteran?**..... Yes No
A Veteran of any war, campaign, or expedition for which a campaign badge was awarded. Includes Vietnam Era Veterans.

5. **Are you an Armed Forces Service Medal Veteran?** Yes No
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 (61FR 1209, 3 CFR, 1966 Comp., p. 159).

Signature

Name (Please Print Clearly)

Today's Date: _____

(Please See Reverse Side)

Voluntary Self-Identification of Gender, Race/Ethnicity

Cantu Services, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reporting this information to the proper agency, the data will not identify any specific individual by name.

Please check one of the following:

- 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 America), 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.

Gender:

- Male**
- Female**