

DRUG TESTING NOTICE!

To All Applicants for Employment

As part of its selection and hiring process, this company engages in drug testing of all otherwise qualified applicants for employment. These tests are highly sophisticated and capable of detecting trace amounts of various drugs for up to sixty (60) days following use. If you have used drugs in the last sixty (60) days, please do not waste our time and yours by applying for work with this company.

Test results, which indicate the presence of drugs in your body, will bar further hiring consideration

Instructions For Completing & Submitting This Application

-Print, then write in answers to questions.

OR

-Fill-in on your computer by first saving this blank form to your computer; then complete using the version saved on your computer. (Please save as YOUR NAME)

-Please submit your completed application to LOVARC using one of the methods below:

- email to: avera@lovarc.org

- Fax to: (805) 737-4323

**- Mail to: LOVARC
116 N. I Street
Lompoc, CA 93436**

Have a question? Call us at (805) 735-3428

LOVARC
APPLICATION FOR EMPLOYMENT
(Please Print)

Qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or disability.

Date of Application _____

Position(s) applied for: _____

By whom were you referred for a position with us? _____

Name _____

Last

First

Middle

Address _____

Number

Street

City

State

Zip Code

Phone Number(s) Cell: _____ Home: _____

Email Address: _____

Have you ever filed an application here before? Yes No Date: _____

Have you ever been employed here before? Yes No Date: _____

Are you related to anyone currently working at LOVARC? Yes No If so, who? _____

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes No

Are you available to work? Full-Time Part-Time Shift Work

Are you on lay-off subject to recall? Yes No

What foreign languages do you speak, read and/or write?

Fluently

Good

Fair

Speak: _____

Read: _____

Write: _____

Please list job-related organizations, clubs, professional societies, or other associations to which you belong. You may omit those which indicate your race, color, religion, sex, national origin, age, or marital or veteran status.

Give the name, address and phone number of three professional references **not** related to you.

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

List each job held for the last 10 years. Start with your present and/or last job. Include military service assignments and volunteer activities, but do not list dates of military service and type of discharge.

Employer: _____ **Dates:** _____
Address: _____ From: _____ To: _____
Work Performed: _____
Job Title: _____
Supervisor: _____ Phone Number: _____
Reason for leaving: _____

Employer: _____ **Dates:** _____
Address: _____ From: _____ To: _____
Work Performed: _____
Job Title: _____
Supervisor: _____ Phone Number: _____
Reason for leaving: _____

Employer: _____ **Dates:** _____
Address: _____ From: _____ To: _____
Work Performed: _____
Job Title: _____
Supervisor: _____ Phone Number: _____
Reason for leaving: _____

Employer: _____ **Dates:** _____
Address: _____ From: _____ To: _____
Work Performed: _____
Job Title: _____
Supervisor: _____ Phone Number: _____
Reason for leaving: _____

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

EDUCATION

Elementary: _____ Last year completed: _____

High School: _____ Last year completed: _____

College/University: _____ Last year completed: _____

Major/Degree: _____

Graduate/Professional: _____

Honors Received: _____

SPECIAL SKILLS

Describe specialized training, apprenticeship, skills, extra-curricular activities. Please exclude groups which indicate race, color, religion, sex or national origin. State any additional information you feel may be helpful to us in considering your application.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize you to contact my former employer regarding my job performance.

Please check one

Yes, you may contact my current or most recent employer.

No, you may not contact my current or most recent employer.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge at any time. I understand also, that I am required to abide by all rules and regulations of the Company.

AT-WILL DISCLAIMER

If given employment, I hereby agree that such employment is for no fixed term and may be terminated by the company at any time without advance notice and without liability to me for wages or salary. I further understand that any such termination may be for my reason or no reason at all.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW:

YES / NO

Remarks: _____

INTERVIEWER: _____ DATE: _____

Employed: YES / NO Date of Employment: _____

Job Title: _____ Hourly Rate / Salary: _____ Dept: _____

By: _____

Name / Title

Date

LOVARC
Human Resource Department
116 North I Street
Lompoc, CA 93436
(805)735-3428
(805)737-4323 fax

An Equal Opportunity-Affirmative Action Employer

To help us carry out our EEO/AA obligations, please indicate if any of the following definitions apply to you.

Please help us comply with the State & Federal law by completing this form. While you are not required to complete this form, you should know that if you leave it blank, we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the California and United States Governments. **This information will be kept separate and confidential and will not be used in any unlawful way to make any employment decision(s).** LOVARC is an Affirmative Action Employer.

NAME _____ Date of Birth _____
month / day / year

Male Female

Please answer below to the best of your ability. We understand that it may be difficult to choose a single ethnic identity if you have a multicultural heritage. Nevertheless, to comply with legal guidelines we would like you to **choose only one**.

- WHITE:** All persons having origins on any of the original peoples of Europe, the Middle East, or North Africa.
- BLACK:** All persons having origins in any of the black racial groups of Africa.
- AMERICAN INDIAN & ALASKAN NATIVE:** All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community attachment.
- ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent.
- NATIVE HAWAIIAN/PACIFIC ISLANDER:** All persons having origin in any of the original peoples of Hawaii, Guam, Samoa or Pacific Islands.
- HISPANIC:** All persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Voluntary Self-Identification of Disability

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.

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:

- | | | | |
|---|---|---|---|
| <ul style="list-style-type: none"> • Autism • Autoimmune Disorder, for example, Lupus, Fibromyalgia, Rheumatoid Arthritis, or HIV/AIDS • Blind or low vision • Cancer | <ul style="list-style-type: none"> • Cardiovascular or Heart Disease • Celiac Disease • Cerebral Palsy • Deaf or hard of hearing • Depression or Anxiety | <ul style="list-style-type: none"> • Diabetes • Epilepsy • Gastrointestinal Disorder, for example, Crohn’s Disease, or Irritable Bowel Syndrome • Intellectual Disability • Missing limbs or partially missing limbs | <ul style="list-style-type: none"> • 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 |
|---|---|---|---|

YES, I HAVE A DISABILITY **NO, I DON’T HAVE A 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 sign language interpreter, or using specialized equipment.

¹ 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.

Voluntary Veteran Self-Identification

Federal contractors are required to implement affirmative action procedures in employing veterans from the three targeted groups identified below. Federal contractors also are required to report annually on the inclusion of veterans from these three groups in their current workforce and in their new hires. Current and prospective employees are requested to provide the information below so that the employing organization can comply with these important federal mandates. Provision of the information requested below is voluntary and will be kept confidential by the employing organization. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only to support veterans' programs in accordance with the regulations implementing 38 U.S.C. 4212.

SPECIAL DISABLED VETERAN (Please check if either or both categories apply to you.)

- (A) a veteran 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 Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C. to have a serious employment handicap; **or**
- (B) a veteran who was discharged or released from active duty because of a service-connected disability.

VETERAN OF THE VIETNAM-ERA (Please check if either or both categories apply to you.)

- (A) a veteran who served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases; **or**
- (B) a veteran who was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases.

OTHER VETERANS (Please check if either or both categories apply to you.)

- (A) a veteran with active duty service at any point between December 7, 1941 and April 28, 1952; or
- (B) a veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. A veteran qualifies under this criterion **ONLY** based upon military service **IN** the identified campaign or expedition and **NOT** simply based on any military service during the time of the campaign or expedition. The campaign badges, service medals, and expeditionary medals that qualify under this criterion will be listed on the veteran's "Armed Forces of the U.S. Report of Transfer or Discharge," commonly known as the "DD-214 Form," if the veteran meets this criterion.

A listing of the campaigns or expeditions that meet this criterion are available in the Human Resource Office or they can be identified via the Internet at <http://www.opm.gov/veterans/html/vgmedal2.htm>.

NEWLY SEPARATED VETERANS

A veteran discharged or released from active duty within the last one year period.

Date of release from service: _____