



Global Security Planning

Application for Employment

Personal

Please Print:

Last Name _____ First Name _____ Middle _____

Street Address _____

City _____ State _____ Zip Code _____

County or City of Residence: _____

() - Primary Telephone () - Secondary Telephone Personal Email Address _____

Position Applying For: _____ Full-time Part-time Temporary Intern

What are your salary expectations for this position? _____

Have you ever worked for TENICA and Associates, LLC. before? Yes No If Yes, when? _____

Are you legally eligible for employment in the U.S.? Yes No

(You have indicated you are legally eligible for employment in the United States. Please be aware that TENICA and Associates LLC utilizes the Department of Homeland Security's E-Verify system to confirm the legal work status of all new employees, without exception and without prejudice.)

Emergency

Person to contact in case of emergency: _____

() - Home Telephone () - Work Telephone () - Cellular Telephone E-Mail Address _____

Education

Educational Level (Check last level completed):

Elem./Middle School High School: 9 10 11 12

High School Graduate GED

College: 1 2 3 4 5+ Degree: _____

Licensure

Do you have any licenses that are applicable to the job for which you are applying?

Yes No

If Yes, type of license: _____

Expiration date of license: _____

Please enclose a copy of your license for our files.

PRIOR EMPLOYMENT– Are you currently under a non-compete and/or non-disclosure agreement with a previous employer? Yes No

Name/Address/Phone (Most Recent Employer)	Position and Final Salary	Dates of Employment and Reason for Leaving
Name/Address/Phone (Previous Employer)	Position and Final Salary	Dates of Employment and Reason for Leaving
Name/Address/Phone (Previous Employer)	Position and Final Salary	Dates of Employment and Reason for Leaving

TENICA and Associates LLC is an equal opportunity employer and does not discriminate on the basis of race, color, creed, sex, national origin, sexual orientation, gender identity, age, marital or veteran status, or disability.

APPLICANT’S AGREEMENT AND CERTIFICATION – READ CAREFULLY

- 1) All information on this application for employment is true and correct. I give TENICA and Associates LLC permission to check all references and previous employment and educational information and authorize all persons to respond to its request. I release and hold all persons harmless from liability or damages on account of having furnished, received, or used such information.
- 2) I understand and agree that, if hired, my employment by TENICA and Associates LLC is employment at will and that TENICA and Associates LLC is free to terminate the employment relationship at our discretion at any time and that no supervisor is authorized to alter the employment at will relationship.

Applicant’s Signature

Date

Invitation to Self-Identify

Name: _____

Position: _____

Date: _____

TENICA and Associates LLC is a Federal contractor and an Equal Opportunity Employer. TENICA is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment protected veterans. In order to comply with these laws, (Abbr. Name) invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. (Abbr. Name) does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

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 reported, data will not identify any specific individual.

Check one of the following:

- Male
- Female
- I choose not to self-identify

Check one of the following race/ethnic groups defined on the following page:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I choose not to self-identify

Check one of the following:

- I identify as one or more of the classifications of protected veterans as defined on the following page
- I am not a protected veteran.
- I choose not to self-identify

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.

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.

Ethnicity and Race Definitions

- **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)** – A person who identifies with more than one of the above five races.

Protected Veteran Definitions

- **Disabled Veteran** - 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.
- **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** - 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.

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
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Reasonable Accommodation Notice

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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.