



# TALOS

SOLUTIONS

## Application for Employment

Talos Solutions is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

APPLICANT INFORMATION										
Last Name				First Name			M.I.	Date of Birth		
Street Address						Apartment/ Unit #				
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Desired Salary			
Position Applied for										
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

EDUCATION										
High School				Address						
From	To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
College/ University				Address						
From	To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
Other				Address						
From	To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		

**PROFESSIONAL LICENSE OR MEMBERSHIP**

Type of License(s) Held		Expiration Date	
Other Professional Membership(s)			

**RECORD OF CONVICTION**

Have you ever been convicted of a crime other than a minor traffic offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
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**PREVIOUS EMPLOYMENT**

Company #1		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From:	To:	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company #2		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From:	To:	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company #3		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From:	To:	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**REFERENCES**

Please list three professional references.

1. Full Name		Relationship	
Company		Phone	
Address			
2. Full Name		Relationship	
Company		Phone	
Address			
3. Full Name		Relationship	
Company		Phone	
Address			

#### DISCLAIMER AND SIGNATURE

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Talos Solutions to verify their accuracy and to obtain reference information on my work performance. I hereby release [Company] from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature

Date

**Talos Solutions**

## Pre-Offer Voluntary Self-Identification Information

### Talos Solutions is an Equal Opportunity Employer

We consider all applicants for positions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Section 4212 (Vietnam Era Readjustment Assistance Act of 1974) governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of minorities, females, individuals with disabilities and protected veterans.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for \_\_\_\_\_

Date \_\_\_\_\_

### REFERRAL SOURCE

*Note to Contractor – customize this list with all of the diversity sources used for tracking purposes*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> State Workforce Agency  | <input type="checkbox"/> Company Website | <input type="checkbox"/> Employment agency _____ |
| <input type="checkbox"/> Advertisement           | <input type="checkbox"/> Online          | <input type="checkbox"/> School _____            |
| <input type="checkbox"/> Employee Referral _____ |  | <input type="checkbox"/> Other _____             |

### APPLICANT INFORMATION

**Name:**

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

**Address:**

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP

**Home Phone:** \_\_\_\_\_

**Business phone/Cell phone:** \_\_\_\_\_

### ETHNICITY/RACE CATEGORIES

**ETHNICITY/RACE:** (identify **one or more** race categories)(definitions on the back)

- Hispanic or Latino or identify a race listed below
  

<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Black or African American (not Hispanic or Latino)	<input type="checkbox"/> Asian (not Hispanic or Latino)
<input type="checkbox"/> Native Hawaii or Other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)	<input type="checkbox"/> Two or more races (not Hispanic or Latino)

  
- Do not wish to identify

## GENDER CATEGORIES

- Male  Female  Do Not Wish to Identify

## PROTECTED VETERAN CATEGORIES

- Protected Veteran  Not a Protected Veteran  Do Not Wish to Identify

## DEFINITIONS

### ETHNICITY/RACE CATEGORY DESCRIPTIONS:

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

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person have 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 Alaskan Native (not Hispanic or Latino) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

### PROTECTED VETERAN CATEGORY DESCRIPTIONS:

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) 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 Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes 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.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State 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  
Page 1 of 2

## 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.<sup>i</sup> 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

**Please select one of the options below:**

**Do you have a disability?**

\_\_\_\_\_  
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.

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<sup>i</sup> 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](http://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.