

**After completing this document, be sure to sign all signature blocks on pages 2, 3, and 5 before submitting.  
Submit completed application by email to [hiring@native-energy.com](mailto: hiring@native-energy.com) or fax to (210) 231-6098**

(PLEASE PRINT)

Last Name		First Name		Middle Name	Home Telephone	Work Telephone
Street Address			City	State	Zip Code	Email Address:
Any Other Name by Which Known		Can you, upon hire, provide proof of your legal right to work in the United States? [ ] Yes [ ] No			Are you over the age of 18? [ ] Yes [ ] No	
Position(s) Preferred			Date Available for Work	Current Salary:	Expected Salary:	Last Salary Increase Date
Type of Employment Desired: [ ] Regular [ ] Full Time [ ] Temporary [ ] Part Time		Have you ever been previously employed by Native Energy? [ ] Yes [ ] No From: _____ To: _____			Do you have any relatives who work for NATIVE? [ ] Yes [ ] No If so, who? _____	
Name and Location of School	GRADUATE		Degree Earned	Date Granted	Course of Study/Major	Grade Point Average
	Yes	No				
High School or G.E.D.						
College						
Advanced Degree						
Other Training						
Additional Education, Training, Professional Activities or Accomplishments, Skills, or Certificates:						
List academic achievements, thesis project, patents, publications or activities you consider significant. (Attach separate sheet if necessary.)						
How were you referred to Native Energy? [ ] Job Fair _____ [ ] Referral by Employee(s) (If so, who?) _____ [ ] School _____				[ ] Newspaper/Journal _____ [ ] Contract Labor Agency _____ [ ] State Employment Agency _____ [ ] Other _____		
Please give us the NAMES, and BUSINESS TELEPHONE NUMBERS of people who are familiar with your WORK EXPERIENCE and TECHNICAL COMPETENCE in the job for which you are applying, preferably technical associates with whom you have worked and give NATIVE permission to contact. (DO NOT LIST PERSONAL REFERENCES.)						
Name	Business/Professional Relationship	Company		Title	Business Telephone	
Name	Business/Professional Relationship	Company		Title	Business Telephone	
Name	Business/Professional Relationship	Company		Title	Business Telephone	

**AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED - EVEN IF YOU ATTACH YOUR RESUME**

<b>Most Recent Employer</b>	May We Contact [ ] Yes [ ] No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From:                      To:
Street Address	City	State	Zip Code	Your Position
Base Salary Indicate if: [ ] Hourly [ ] Weekly [ ] Monthly Start _____ Final _____		Reason for Leaving (Attach separate sheet if needed)		
Describe Major Work Duties (Attach separate street if needed)				
<b>Second Most Recent Employer</b>	May We Contact [ ] Yes [ ] No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From:                      To:
Street Address	City	State	Zip Code	Your Position
Base Salary Indicate if: [ ] Hourly [ ] Weekly [ ] Monthly Start _____ Final _____		Reason for Leaving (Attach separate sheet if needed)		
Describe Major Work Duties (Attach separate street if needed)				
<b>Third Most Recent Employer</b>	May We Contact [ ] Yes [ ] No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From:                      To:
Street Address	City	State	Zip Code	Your Position
Base Salary Indicate if: [ ] Hourly [ ] Weekly [ ] Monthly Start _____ Final _____		Reason for Leaving (Attach separate sheet if needed)		
Describe Major Work Duties (Attach separate street if needed)				
<b>Fourth Most Recent Employer</b>	May We Contact [ ] Yes [ ] No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From:                      To:
Street Address	City	State	Zip Code	Your Position
Base Salary Indicate if: [ ] Hourly [ ] Weekly [ ] Monthly Start _____ Final _____		Reason for Leaving (Attach separate sheet if needed)		
Describe Major Work Duties (Attach separate street if needed)				

I certify that all the information provided on this form is true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification or omission may be considered justification for refusal of employment or subsequent termination. I hereby authorize Native. to run a criminal background check. I understand that employment by NATIVE is conditional upon completion of an Employment Agreement. I further understand that my employment is at the discretion of NATIVE and it has no specified term. It can be terminated at will, with or without notice, at any time, for any or no reason, at the option of either me or NATIVE.

Please read the above statement and sign here: \_\_\_\_\_ Date of Application \_\_\_\_\_

## AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(Please read the following statements, sign below and return to the Human Resources office.)

I, \_\_\_\_\_, hereby authorize any investigator or duly accredited representative of NATIVE bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, salary, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by NATIVE and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

NATIVE is an Equal Opportunity Employer. As required by law, various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which an individual applies. The responses provided will be used only for necessary information for compliance with certain record keeping requirements, and to include in the Company's Affirmative Action Program.

NATIVE .believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group. We are a company that values diversity and actively encourage women and minorities to apply.

Please complete the information requested below. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Thank you for your cooperation.

**Position(s) Applied For:** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_ **Gender:**  Male  Female

**Race and Ethnic Data (Please check all that apply):**

**White (Non-Hispanic):** Persons having origins of the original peoples of Europe, North Africa, or Middle East.

**Hispanic or Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, Spanish culture or origin, regardless of race.

**Asian (Non-Hispanic):** Persons having origins in any of the original people of the Far East, Southeast Asia, Pacific Islands or the Indian subcontinent (China, Japan, Korea, Philippines, Samoa, India or Pakistan.)

**Black or African American (Non-Hispanic or Latino):** Persons having origins in any of the black ethnic groups of Africa.

**American Indian or Alaskan Native (Non-Hispanic or Latino):** 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 recognition.

**Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guan, Samoa, or other Pacific Islands.

**Disabled Veterans, Recently Separated Veteran, Armed Forces Service Medal Veterans and other protected Veterans:**

As a government contractor, Native Energy & Technology, Inc. is subject to the Rehabilitation Act of 1973 (Section 503), and Section 402 of the Vietnam Era Veteran's Readjustment Act of 1974 (VEVRAA) as amended by the 2002 Jobs for Veterans Act, which require government contractors to take affirmative action to employ and advance in employment qualified persons with disabilities, and other qualified eligible veterans covered by VEVRAA as defined below.

The information you provide will be kept confidential as far as practicable and in accordance with the law, and will be used to assist in providing reasonable accommodation and for statistical reporting as required by government agencies. The information shall not be used in a manner inconsistent with VEVRAA or Section 503. The Disabled and Veteran's Affirmative Action Program is available to all employees for review during regular business hours.

**Disability Information (Please check if applicable to you):**

**An Individual with a Disability:** An "individual with a disability" is defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

**Veteran Status (Please check all that apply):**

**Disabled Veteran:** A "disabled veteran" is defined as (1) 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 (2) A person who was discharged or released from active duty because of a service-connected disability.

**Vietnam Era Veteran:** Veteran of the Vietnam Era means an individual who served more than 180 days of active military service, any part of which was during February 28, 1961-May 7, 1975.

**Recently separated veteran:** A "recently separated veteran" is defined as 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:** An "Armed Forces Service Medal veteran" is defined as any 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.

**Other protected veteran:** An "other protected veteran" is defined as 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.

**Discharge Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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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.<sup>1</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
- 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  
OMB Control Number 1250-0005  
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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.