

# BROADCAST ELECTRONICS

## Employment Application



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

### APPLICANT INFORMATION

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available for work		Desired Salary			
Position Applied for					
Are you legally eligible for employment in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for this company?    YES <input type="checkbox"/> NO <input type="checkbox"/>				If yes, when?	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodations are required. These issues may be addressed at a later stage.					
Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please explain:					

### EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.					
Company			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			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"/>					



**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with BEI Electronics LLC is true, complete and accurate. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of the information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

This application is not an offer of employment by BEI Electronics LLC and completion of this application does not guarantee you employment with BEI. Further, any potential employment is strictly on an "At-will" basis, unless the relevant job description posting and/or advertisement states otherwise.

BEI Electronics LLC is an equal opportunity employer and does not discriminate against employees or job applicants on the basis of race, religion, color, gender, gender identity, sexual orientation, age, genetic information, national origin, physical or mental disability, veteran status, or any other status or condition protected by applicable state or federal laws.

To assist in the accomplishment of Affirmative Action goals, we invite you to complete the voluntary self-identification forms for Gender, Ethnicity and Race, Disability, and Protected Veteran status. Completion of this information is NOT required for your application to be considered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and agree to all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

## PRE-OFFER SELF-IDENTIFICATION FORM

Broadcast Electronics is committed to equal employment opportunity for all employees. As a federal contractor, the Company is required to take affirmative action to employ and advance in employment for women and minorities, disabled individuals, and protected veterans. To assist the Company in properly identifying its employees and applicants for consideration in the Company's Affirmative Action Program and to comply with Federal and State requirements, we request that you complete the information on this form. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. The document will be kept in a confidential file, separate from applicant and personnel files.

If you have any concerns in answering these questions, please contact Human Resources.

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**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** Male \_\_\_\_ Female \_\_\_\_

**Ethnicity** – Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)

\_\_\_\_ Yes      \_\_\_\_ No

**Race** – if you are not Hispanic or Latino, please select the appropriate race category.

\_\_\_\_ White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North America.

\_\_\_\_ 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 original peoples 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 maintains 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.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRE-OFFER INVITATION TO SELF-IDENTIFY  
PROTECTED VETERANS**

Print Name: \_\_\_\_\_  
**Last**
**First**
**Middle**

**Please check the box or boxes below to identify yourself in as many categories as apply:**

I am a:

- Disabled Veteran** – (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
  
- Recently Separated Veteran: Enter Discharge or Release Date: ( \_\_\_/\_\_\_/\_\_\_ )**  
 A 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.  
**Period of War Dates now include:**  

**Persian Gulf War – August 2, 1990 to present**  
 Vietnam Era – August 5, 1964 to May 7, 1975 for all veterans  
                                 February 28, 1961 to May 7, 1975 for vets serving in the Republic of Vietnam  
 Korean Conflict - June 27, 1950 to January 31, 1955
  
- 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 (61 F.R. 1209).
  
- I am not a Protected Veteran**

Please return this form to the Human Resources department. Disclosure of your status as a protected veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment.

Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restriction on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADAAA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 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.<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
- 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 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>1</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.