

USA Environmental, Inc.

Prospective employees are treated without regard to race, color, religion, sex, national origin, genetic information, citizenship status (unless required by a government contract), age, marital status, veteran status, physical or mental disability, or any other legally protected status.

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Middle	Date
	Permanent Address			Home Telephone ()
	City	State	Zip	Alternate or Cell Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month & Year Location			Email Address
	Position Desired			
	Project preference: <input type="checkbox"/> Long-term <input type="checkbox"/> Short-term			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Do you possess a current passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expiration date?			
	Have you ever been convicted of a felony? (A "Yes" response will not necessarily affect your opportunity for employment). <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If "Yes," please give details regarding conviction(s) and date(s).			

E D U C A T I O N		<i>Name and Location of School</i>	<i>Course of Study</i>	<i>No. of Years Completed</i>	<i>Did you Graduate?</i>	<i>Degree or Diploma</i>
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Training, Certifications or Licenses Held

Qualified individuals with a disability have the right to request a reasonable accommodation to our paper application process. If you are unable or limited in your ability to complete the application as a result of your disability, request a reasonable accommodation by contacting rmiller@usatampa.com or calling 813-343-6386, informing us regarding the nature of your request and providing your contact information. **Please do not direct any other general employment related questions to this email and/or phone number.** Only inquiries concerning a request for reasonable accommodation will be responded to from this e-mail address and/or phone number.

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. (UXO applicants should complete the following EOD Information pages.)

1	Company Name	Telephone ()
	Address	Employed (<i>state month & year</i>) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (<i>state month & year</i>) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (<i>state month & year</i>) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (<i>state month & year</i>) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer _____ Reason _____ Employer _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch? _____	Dates: _____
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NOTICE TO APPLICANTS: If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. All hires will be subject to a drug test and verification of work authorization through E-Verify.

S I G N A T U R E	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I authorize USA Environmental, Inc. to verify previous employment, educational, criminal and other background information as necessary.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future and that USA Environmental, Inc. is an "at will" employer.	
	Date _____	Signature _____

Explosive Ordnance Disposal Information

Please complete in detail

Last Name		First	MI	Date
Years Active Military EOD Experience:	Years Civilian UXO Experience:	EOD Rating: __Basic __Senior __Master		Branch of Service/Years
Were you ever released from EOD responsibilities for PRP reasons:	Copy of EOD certificate must be on file: Submitted: Enclosed:		Copy of DD214 must be on file: Submitted: Enclosed:	

Special Skills/Qualifications (Check Applicable Qualifications)

<input type="checkbox"/> Back-hoe Operator	<input type="checkbox"/> Data Base Manager	<input type="checkbox"/> Logistics Manager	<input type="checkbox"/> Site Evaluation
<input type="checkbox"/> Current CPR	<input type="checkbox"/> Diver Qualified (Provide Copy)	<input type="checkbox"/> Project Management	<input type="checkbox"/> Technical Escort Training
<input type="checkbox"/> Current 40, 8 Hr. Hazardous Material	<input type="checkbox"/> EMT	<input type="checkbox"/> QC/QA Management	<input type="checkbox"/> Other Languages
<input type="checkbox"/> Current First Aid	<input type="checkbox"/> GPS	<input type="checkbox"/> Safety Health Specialist	<input type="checkbox"/> Other _____

Military EOD/Remediation Schools/Courses

Naval EOD School, Basic	Indianhead, MD	Date Completed (M/Y)
Name of School/Course	Location	Date Completed (M/Y)
Name of School/Course	Location	Date Completed (M/Y)

Civilian UXO/Remediation Schools/Courses

Name of School/Course	Location	Date Completed (M/Y)
Name of School/Course	Location	Date Completed (M/Y)
Name of School/Course	Location	Date Completed (M/Y)

Military Assignment History EOD-Related – (Most Recent First)

Unit	Location	From (Month/Year)	To (Month/Year)
Position: __EOD Member __EOD Team Leader __EOD Supervisor __NCOIC __OIC __MOS/AFSC _____			
Other Specialty			
EOD Environment: __EOD Operations __Range Clearance __N/A EOD Supv. Info: # of Teams_____ # of Personnel_____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (EOD only):			

Unit	Location	From (Month/Year)	To (Month/Year)
Position: __EOD Member __EOD Team Leader __EOD Supervisor __NCOIC __OIC __MOS/AFSC _____			
Other Specialty			
EOD Environment: __EOD Operations __Range Clearance __N/A EOD Supv. Info: # of Teams_____ # of Personnel_____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (EOD only):			

Unit	Location	From (Month/Year)	To (Month/Year)
Position: <input type="checkbox"/> EOD Member <input type="checkbox"/> EOD Team Leader <input type="checkbox"/> EOD Supervisor <input type="checkbox"/> NCOIC <input type="checkbox"/> OIC <input type="checkbox"/> MOS/AFSC _____			
Other Specialty _____			
EOD Environment: <input type="checkbox"/> EOD Operations <input type="checkbox"/> Range Clearance <input type="checkbox"/> N/A EOD Supv. Info: # of Teams _____ # of Personnel _____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (EOD only):			

Civilian UXO Experience

Company	Location	From (Month/Year)	To (Month/Year)
Position: <input type="checkbox"/> UXO Member <input type="checkbox"/> UXO Team Leader <input type="checkbox"/> UXO Supervisor <input type="checkbox"/> NCOIC <input type="checkbox"/> OIC <input type="checkbox"/> MOS/AFSC _____			
Other Specialty _____			
UXO Environment: <input type="checkbox"/> UXO Operations <input type="checkbox"/> Range Clearance <input type="checkbox"/> N/A UXO Supv. Info: # of Teams _____ # of Personnel _____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (UXO only):			

Company	Location	From (Month/Year)	To (Month/Year)
Position: <input type="checkbox"/> UXO Member <input type="checkbox"/> UXO Team Leader <input type="checkbox"/> UXO Supervisor <input type="checkbox"/> NCOIC <input type="checkbox"/> OIC <input type="checkbox"/> MOS/AFSC _____			
Other Specialty _____			
UXO Environment: <input type="checkbox"/> UXO Operations <input type="checkbox"/> Range Clearance <input type="checkbox"/> N/A UXO Supv. Info: # of Teams _____ # of Personnel _____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (UXO only):			

Company	Location	From (Month/Year)	To (Month/Year)
Position: <input type="checkbox"/> UXO Member <input type="checkbox"/> UXO Team Leader <input type="checkbox"/> UXO Supervisor <input type="checkbox"/> NCOIC <input type="checkbox"/> OIC <input type="checkbox"/> MOS/AFSC _____			
Other Specialty _____			
UXO Environment: <input type="checkbox"/> UXO Operations <input type="checkbox"/> Range Clearance <input type="checkbox"/> N/A UXO Supv. Info: # of Teams _____ # of Personnel _____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (UXO only):			

Signature

Date

Affirmative Action Self ID Survey

Applicants and employees are treated without regard to race, color, creed, religion, sexual orientation, gender, gender identity, national origin, citizenship status (unless required by a government contract), age, marital status, protected veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

YOUR COOPERATION IS VOLUNTARY

INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

Please complete the following information. *Please print.*

Last Name:	First Name:
Date:	Job Title/Req Number:

Gender

Male Female

Ethnicity - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, 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 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 original 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 maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) - persons who identify with more than one of the above five races.

I respectfully decline completing the information being requested above. _____ *initials*

Invitation to Self-Identify – Pre-Offer

This employer is a Government contractor subject to the 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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

1. A "**disabled veteran**" is 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.
2. A "**recently separated veteran**" means 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.
3. An "**active duty wartime or campaign badge veteran**" means 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.
4. An "**armed forces service medal veteran**" means 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.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Signature

Date

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.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	Major depression	Post-traumatic stress disorder (PTSD)
Deafness	Cerebral palsy	Multiple sclerosis (MS)	Missing limbs or partially missing limbs	Obsessive compulsive disorder
Cancer	HIV/AIDS			Impairments requiring the use of a wheelchair
Diabetes	Schizophrenia			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
Expires 1/31/2020
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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.

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.