



Monaco Enterprises, Inc.

Employment Application

Please review these important features of our hiring process:

1. Applications are only accepted if a current vacancy exists.
2. You may be asked to review information about our mission, our high standards for employees and specific job requirements, and certify your understanding, before applying.
3. Your application is active only for 60 days (or until the current hiring process closes, whichever is later). To be considered for openings after that, an updated application will be required.
4. We may conduct background checks, drug testing, job related testing, and team interviews to learn about you and your abilities before any hiring decisions are made.
5. Hiring is a two way process – We encourage you to ask questions and we will do our best to answer them.
6. Due to the number of applicants we often have, we cannot notify each and every applicant not selected. Only those selected for further interview will be called.
7. Sometimes internal candidates are being considered along with outside applicants.
8. Our employees deserve the best co-workers possible. Therefore we reserve the right to hire the best qualified person for the job.
9. Monaco participates in eVerify.

Please initial this after reading above: _____

Please Return Application to:

Monaco Enterprises, Inc.
Human Resources Department
PO Box 14129
Spokane, WA 99214-0129
Fax (509) 924-4980
Personnel@monaco.com

All qualified applicants considered regardless of ethnicity, nationality, gender, veteran or disability status, religion, age, sexual orientation or gender identity, or other protected status.

Name (Last):

First:

Position Applied for:

Date:

Confidential Employment Information

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants considered regardless of ethnicity, nationality, gender, veteran or disability status, religion, age, sexual orientation or gender identity, or other protected status.

INSTRUCTIONS:

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Answer all items, even if you have a resume. Check over your final application for accuracy, especially important numbers like phone number, etc. Please sign and date the application where indicated.

Today's Date:		Last Name	First Name	Middle Initial
Present Street Address			City	State
Home Phone		Cell Phone	E-mail Address	Date Available
Position applying for?		Are you over 18 years of age?	If under 18, do you have a work permit?	Can you provide proof that you can be lawfully employed in the U.S.?
How were you referred to us?				
<input type="checkbox"/> Newspaper <input type="checkbox"/> Employee referral (name) _____ <input type="checkbox"/> School (name) _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency (name) _____ <input type="checkbox"/> Other (explain) _____				
Have you applied for work here before? If yes, for what job?		Have you ever been bonded? Were you ever denied a bond?		Can you stay late on short notice if required?
Your Preferred Schedule:		Can you, with or without accommodation, perform the essential functions of the job?		Other names you have used and dates:

EDUCATION:

	School Name and Full Address	Graduated? (Yes or No)	Degree & Major Area	GPA
High School				
College/University				
College/University				
Vocational School				
Other (Specify)				
Are you currently a student? If yes, Explain:			Scholastic honors achieved:	
Outside activities while in school which you feel reflect your abilities:				
Plans for future education/training:				

EXPERIENCE IN:

Give years of experience if you are qualified:				
Blue Print Reading	_____	Engineering	_____	Accounting
Word Processing	_____	Purchasing	_____	Ten Key Touch
Electronic Testing	_____	Electronic Assembly	_____	Sales
				Drafting
				Data Entry
				Software - specify type
Other Skills & Qualifications:				
Please mention any other skills, qualifications or experience pertinent to the career you seek (e.g. – computers, software, machines, tools, special certifications, etc.):				

MILITARY HISTORY:

Branch of Military Service:	Employment Dates (Month & Year)		Rank at discharge:
	From:	To:	
List duties in Service, including special training:			

WORK HISTORY: Start with PRESENT or most recent employer. Include volunteer work if full time or your major activity.

Name of Organization	Employment Dates (Month & Year)		Type of Business or Industry
	From:	To:	
Street Address		City	State Zip
Supervisor Name and Title:	Phone Number	Starting Pay \$	Ending Pay \$ Employment Status (FT, PT, Contract)
Your Job Title(s), Duties, Skills Used			Reason for Leaving

Name of Organization	Employment Dates (Month & Year)		Type of Business or Industry
	From:	To:	
Street Address		City	State Zip
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VOLUNTEER ACTIVITIES AND EXPERIENCE:

Describe your involvement in volunteer activities which may help assess your abilities.

OTHER ACTIVITIES:

Professional memberships, certificates, or licenses held (Exclude those indicating race, color, religion, sex, national origin or age):

In what extracurricular, civic, or cultural activities have you been or are you currently active? Include office held. (Exclude those listed above):

Principal Hobbies:

CAREER GOALS:

Write a paragraph or two about your career goals and how the position you are applying for will help you reach those goals.

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I understand and specifically authorize Monaco Enterprises to investigate my background thoroughly, including a full credit report, and agree to assist in such investigation. I understand and authorize an investigative agency or bureau of your choice to be used in the investigation of this information. I release and hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT.

I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

1) I acknowledge that these rules and regulations may be changed, interpreted, or edited by the Company at any time at the Company's sole option. 2) I understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time or to make other commitments or promises or assure any benefit or terms and conditions of employment unless such promises are made in writing and signed by the Chief Executive Officer of the Company.

Applicant's Signature

Today's date

Witness' Signature

VOLUNTARY APPLICANT or EMPLOYEE IDENTIFICATION
AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

REQUIRED:

Name _____ Phone _____

Address _____

Job applied for, or your specific skill area: _____

Who referred you to us? Name Agency: _____

Federal law requires that you have the opportunity to voluntarily provide this information if you wish. Your name and contact information above is required.

VOLUNTARY INFORMATION:

You may volunteer, but you are NOT REQUIRED, to tell us your ethnicity, race or gender. Presidential Executive Order 11246, as amended, requires us to present this to you. The information is used to study efforts to attract diverse pools of qualified applicants and ensure equal employment opportunity.

We do not send your response to the government. We report only group totals. However, it may be viewed by federal auditors or other officials. This is NOT part of your employment file. Hiring is always based on individual job qualifications. The law prohibits quotas, preferences or any consideration of your sex, race or ethnicity in employment decisions.

We invite you to **VOLUNTARILY** identify yourself in the categories below, now or at any time in the future.

If you decline, it will not subject you to adverse treatment.

1. GENDER: _____ Male _____ Female

2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b. if applicable)

a. Hispanic or Latino? () Yes () No
If you selected "No", please also consider volunteering the following:

b. Racial Background - Non-Hispanic:

- () White/Caucasian, Non-Hispanic or Latino
- () Black or African American, Non-Hispanic or Latino
- () Asian, Asian American Non-Hispanic or Latino
- () Native Hawaiian or Other Pacific Islander, Non-Hispanic or Latino
- () American Indian/Alaska Native, Non-Hispanic or Latino
- () 2 or more races, Non-Hispanic or Latino

The Veterans Readjustment and Assistance Act of 1974 and the Rehabilitation Act of 1973, and their regulations effective March 24, 2014 require additional offerings of voluntary self-ID to applicants and those offered employment

____ I decline to answer. **Please sign and return this form even if you do not answer.**

Please sign here: _____ Date _____

Employer Use Only:

EEO-1 Occup: 1.1 = Top/Executive Managers, 1.2 = All other managers/supervisors, 2 = Professionals, 3 = Technicians, 4 = Sales, 5 = Adm.Support/ Clerical, 6 = Skilled Crafts, 7 = Operators, 8 = Labor, 9 = Service (guards, janitors)

JOB GROUP CODE: _____ If current opening, Job Applied For: _____

VETERANS VOLUNTARY SELF-ID

US GOVERNMENT REQUIREMENT FOR EMPLOYERS WITH FEDERAL VETERANS AFFIRMATIVE ACTION PLANS - 41 CFR 60-300.42(a)

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:

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.

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.

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.

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.

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

I AM NOT A PROTECTED VETERAN

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

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.

If you receive a job offer, the US government requires us to invite further voluntary identification of your veteran status at that time, as you enter employment, and at any time you wish to disclose said status.

PLEASE ENTER YOUR NAME HERE

TODAY'S DATE

A Special Note From Monaco Enterprises, Inc. - Affirmative Action under these US laws means facilitating equality of job opportunities and targeted recruiting, not quotas or preferences, which are prohibited. It also means reasonable accommodation to make our application and selection process accessible to persons with disabilities. If you would like to discuss a potential accommodation during this process please let us know.

Employer Use Only: Job Group Code: _____ If current opening, Job Applied For: _____

Voluntary Self-Identification of Disability

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