Application for Employment

Hawk Enterprises Inc., considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.
Hawk, is an Equal Opportunity Employer.

Position applied for: _____

Date of this application: _____

Social Security Number: _____

Name: _____

Address: _____
Street

_____
City State Zip Code County

Cell phone: _____

Email: _____

Date of Birth: _____

Drivers License #: _____Expiration:_____State_____

Marital Status: _____

Emergency Contact: _____

_____
Telephone Relationship

The following information is required for a Bona Fide Occupational Qualification (BFOQ), or dictated by the national security laws, or is needed for other legally permissible reasons:

Please circle one:

1. Are you below the age of 18? Yes No

2. Have you ever filed an application with our company before? Yes No

3. Are you currently employed? Yes No

4. May we contact your previous employer? Yes No

5. Are you prevented from becoming lawfully employed in this country because of Visa or immigration status? Yes No

6. On what date are you available for work? _____

7. Are you available to work full time? Yes No

8. Are you currently on layoff status? Yes No

   If yes, are you subject to recall? Yes No

9. If the job requires it, will you travel? Yes No

10. Have you been convicted of all felony within the last 7 years? Yes No

    If yes, please explain: _____

    _____

*You will not be denied employment solely because of conviction record, unless the offence is related to the job for which you have applied.

11. Do you have a valid driver's license? Yes No

    If yes, what type? _____

12. If you have a Commercial Driver's License (CDL) have you:

    Completed a NIDA DOT drug screen within the last 6 months? Yes No

    Completed a DOT medical exam within the last 2 years? Yes No

13. List salary/ pay rate desired: _____

14. Are you currently, or have you ever been in the U.S. military or Naval Service? Yes No

15. Are you a Veteran? Yes No

16. Do you have any job-specific special qualifications or certifications such as an OSHA card, or equipment certification? Yes No

    If yes, please explain:

    _____

    _____

    _____

Education

Grammar School Name & location: _____

Years attended: _____

Did you graduate? Yes No

High School Name & location: _____

Years attended: _____

Did you graduate? Yes No

College Name & location: _____

Years attended: _____

Did you graduate? Yes No

The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older

Employment History & References

List your last 3 ***employers***, starting with the most recent.

Employer #1:

Dates employed: From:_____ To:_____

Business name & address: _____

Position: _____ Salary/ Rate: _____

Reason for leaving: _____

Employer #2:

Dates employed: From:_____ To:_____

Business name & address: _____

Position: _____ Salary/ Rate: _____

Reason for leaving: _____

Employer #3:

Dates employed: From:_____ To:_____

Business name & address: _____

Position: _____ Salary/ Rate: _____

Reason for leaving: _____

List the names of 3 persons, to whom you are not related, and whom you have known for 1 year:

Name & Phone: _____

Relationship: _____ Years acquainted: _____

Name & Phone: _____

Relationship: _____ Years acquainted: _____

Name & Phone: _____

Relationship: _____ Years acquainted: _____

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving in an employment decision.

This application for employment shall be considered active for a period of time not to exceed (45) days. Any applicant wishing to be considered for employment beyond this point must inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge employment at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document, conduct, or words, unless such change is specifically acknowledged in writing by an executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Employer.

_____
Applicant Signature

_____
Date

EEO Information

_____ _____

Applicant Name (print) Date of Application

The following information is required by the Federal Government in order to monitor the employers compliance with equal employment opportunity.
You are not required to furnish this information. However, if you choose not to furnish the information, the employer is required to note race and sex on the basis of visual observation or surname.

- ❑ I do not wish to provide this information

Sex:

- ❑ Female
- ❑ Male

Race/ National Origin:

- ❑ American Indian/ Alaskan Native
- ❑ Asian/ Pacific Islander
- ❑ Black
- ❑ Hispanic
- ❑ White
- ❑ Other _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: Date:
Employee ID:
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.
For example:
Job Title: Date of Hire: