



PRIMARY APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

All qualified applicants are considered regardless of race, religion, color, age, sex, marital status, national origin, veteran status, sexual orientation, political ideology or disability.

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or email hr@oxarc.com.

Instructions – Please Read. This is a general employment application required for all jobs. If a 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. Please print/write clearly; do not type. Answer all items, even if you have a resume. Check your final application for accuracy, especially important numbers like address, phone, etc. Please sign and date the application where indicated. If you need another form or have questions, please feel free to ask.

Additional features of the OXARC hiring process:

- Your application is only active for the current job opening. To be considered for openings after that, an updated application will be required.
- Due to the large number of applicants we often have, we are sometimes unable to notify each applicant who is not selected for an interview. Only those applicants who will be selected for an interview will be notified.

Today's Date		
Last Name	First Name	Initial
Home Phone Number	Cell Phone Number	Message Phone Number
Other names you have used and dates.	Email Address	

Are you at least 18 years old? YES NO	If under 18, do you have a work permit? YES NO	Can you provide documentation that you may be lawfully employed in the U.S? YES NO	Have you applied here before? YES NO	If yes, when?
Have you ever been employed for OXARC before? YES NO		If yes, when and in what job?		
Do any of your relatives or persons in your household work here? YES NO		If yes, give their name(s).		
Position Applying for:	Have you done this kind of work before? YES NO	If yes, where?	Date you are available to start:	
List other jobs you believe you may be qualified for:				

How were you referred to us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-in	<input type="checkbox"/> Employee Referral (name)	<input type="checkbox"/> Internet (name)
	<input type="checkbox"/> School (name)	<input type="checkbox"/> Other (name)
Your preferred schedule would be: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> On Call <input type="checkbox"/> Temp/Seasonal	What weekdays and hours are best for you?	What would be your second choice?

Check if you are willing to accept regular work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> On Call <input type="checkbox"/> Temp/Seasonal	<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Variable Shifts <input type="checkbox"/> Weekends	Can you stay late on short notice if required? YES NO
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Do you have any prior commitments which would require an absence of more than a few hours in the next 12 months? YES NO	If yes, explain.	
Are you now, or do you expect to be, engaged in any other businesses or employment? YES NO	If yes, explain.	
List any certificates or licenses you hold related to your qualifications for the work you seek.	Are you willing to relocate? YES NO	

EDUCATION	Name and Address	Grad	Degree	Major	GPA
High School		Yes No			
College / University		Yes No			
College / University		Yes No			
Trade, Business, Tech, Other		Yes No			
Are you currently a student? YES NO	If yes, explain:		Scholastic honors achieved:		
Outside activities while in school (Please do not list any activities that indicate ethnicity, religion, national origin, veteran status, disability, age, sex, union affiliation, etc.):					
Plans for future education/training:					

VOLUNTEER ACTIVITIES AND EXPERIENCE

Describe your involvement in professional, charitable or civic groups, or other clubs or organizations. (Please do not list any activities that indicate ethnicity, religion, national origin, veteran status, marital status, sexual orientation, political ideology, age, sex, union affiliation, etc.)

OTHER SKILLS AND QUALIFICATIONS

Mention any other skills, qualifications or experience pertinent to the career you seek. (Computers, software, machines, tools, special certifications)

JOB REQUIREMENTS

Are you capable of performing the essential functions of the job, with or without reasonable accommodation? ___ Yes ___ No

WORK HISTORY Start with PRESENT or most recent employer; include MILITARY or VOLUNTEER experience, **must be completed** in addition to resume.

Name of Organization	Employment Dates (Month/Year) From: To:	Type of Business/Industry	
Street Address	City	State	Zip
Supervisor Name	Supervisor Title	May we contact? YES NO	Phone
Job Title(s), Duties, Skills, Software Used		Reason for Leaving	
Name of Organization	Employment Dates (Month/Year) From: To:	Type of Business/Industry	
Street Address	City	State	Zip
Supervisor Name	Supervisor Title	May we contact? YES NO	Phone
Job Title(s), Duties, Skills, Software Used		Reason for Leaving	
Name of Organization	Employment Dates (Month/Year) From: To:	Type of Business/Industry	
Street Address	City	State	Zip
Supervisor Name	Supervisor Title	May we contact? YES NO	Phone
Job Title(s), Duties, Skills, Software Used		Reason for Leaving	

REFERENCES (not former employers)

Name	Address, City, State, Zip	Phone	Occupation

APPLICANT'S STATEMENT

I understand that neither completion of this application nor participation in the hiring process guarantee that I will be offered employment with OXARC. I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete to the best of my knowledge. I also agree that any false information or significant omissions may disqualify me from consideration for employment, or result in my termination, if discovered any time after my employment date. I release and hold harmless, and promise not to claim damages from, anyone providing information to OXARC about my background. I also authorize any physician, clinic or hospital to release any information needed to assess my ability to perform the essential functions of the job applied for, or any job, with this employer. 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, unless I am a member of a collective bargaining unit, 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 reason or notice. I understand this application is not, and is not intended to be, a contract. I understand that employment may be contingent upon a post-offer physical examination by a physician, drug screen, and background check, and I agree to cooperate fully with same. I agree to present personal photo identification and proof of US 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.

Signature of Applicant

Today's Date



MOTOR VEHICLE DRIVER APPLICATION FOR EMPLOYMENT

Please complete the "Primary Application for Employment" before continuing with this section;
complete only if you will be driving an Oxarc vehicle.

Today's Date					
Last Name		First Name		Initial	
Home Phone Number		Cell Phone Number		Emergency Contact Person	
				Emergency Phone Number	

DRIVER'S EXPERIENCE AND QUALIFICATIONS (driver licenses or permits held in the past 3 years)

Driver's License #	State	Type	Expiration Date
Driver's License #	State	Type	Expiration Date

Driver's License #	State	Type	Expiration Date
Driver's License #	State	Type	Expiration Date

DRIVING EXPERIENCE

Straight Truck	Van/Tank/Flat	From	To	Total Miles
Tractor & Semi-Trailer	Van/Tank/Flat	From	To	Total Miles

Tractor & 2 Trailers	Van/Tank/Flat	From	To	Total Miles
Other	Van/Tank/Flat	From	To	Total Miles

ACCIDENT RECORD FOR PAST 5 YEARS

Last	Date	Head-on, Rear-End, Etc.	Fatalities	Injuries	Hazardous Material Spill
Prior					
Prior					

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 5 YEARS (EXCEPT PARKING VIOLATIONS)

City	State	Date	Charge	Penalty

Oxarc, LLC.

APPLICANT SELF-IDENTIFICATION FORM

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 minoritiesⁱ, womenⁱ, and veteransⁱⁱ. To help us measure how well we are doing, we are asking you to tell us your race, gender, and veteran status.

Completing this form is voluntary, but we hope that you will choose to fill it out. Your answers will be kept private, and will not be used against you in any way. It is our policy to provide equal opportunity to all employees without regard to age, race, ethnicity, color, gender, the presence of a physical, mental or sensory disability, religion, national origin, sexual orientation, military status or any other category protected by local, state, or federal law.

PLEASE PRINT

Your Name

Today's Date

Job Applied For

1. Are you Hispanic or Latino? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. ☐ Yes (Skip to question #3)

☐ No (Go to question #2)

2. What race or races do you consider yourself to be? (Check all that apply)

☐ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

☐ **Black or African American:** a person having origins in any of the black racial groups of Africa

☐ **Native Hawaiian or other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

☐ **Asian:** 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 Alaskan Native:** 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

☐ I do not wish to Self-Identify

3. What is your gender?

☐ Male

☐ Female

☐ I do not wish to Self-Identify

How do I know if I'm a protected veteran?

You are considered to be a protected veteran if one or more of the following categories apply:

Disabled Veterans

- 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.

Recently Separated Veterans

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.

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.

Armed Forces Service Medal Veterans

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.

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.

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.

ⁱ Executive Order 11246, as amended.

ⁱⁱ Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

For more information about 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.

Name:
Employee ID:
(if applicable)

Date:

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:**

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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) | <ul style="list-style-type: none">• 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: