



Application for Employment

EEO/AA Policy			
Prospective employees will receive consideration without discrimination because of gender, age, race, color, religion, national origin, disability, veteran status, or any other legally protected status.			
Personal Information			
1. Position applied for:		2. Date:	
3. Name (Last, First, MI):			
4. Street address:		5. Home phone:	
5. City, State, ZIP:		6. Other phone:	
7. Date available to start work:		8. Salary desired:	
9. Type of employment desired: <input type="checkbox"/> Contract <input type="checkbox"/> Regular		<input type="checkbox"/> Full Time <input type="checkbox"/> Part time _____hrs	
10. Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Have you ever been employed by ICE? <input type="checkbox"/> Yes (list date left) _____ <input type="checkbox"/> No			
12. Are you legally authorized to work in the United States on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Can you perform the essential functions of the position for which you have applied, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Some positions require a detailed background investigation in order to receive security clearance. Do you have any objection to participating in this process if the position requires? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. List any special training, skills, experience, or qualifications you have:			
16. Education Information			
School Name	Location	Graduate?	Degree and Major
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. References			
Name	Occupation and Relationship	Years Known	Phone or Email

18. Experience

List below present and past employment, beginning with the most recent first. Use additional pages if needed.

Name of present or last employer:			
Address:			
Phone Number: ()		Supervisor's Name:	
Job Title:		May we contact for reference?:	
From:	To:	Ending Salary:	
Duties and responsibilities:			
Reason for Leaving:			

Name of next previous employer:			
Address:			
Phone Number: ()		Supervisor's Name:	
Job Title:		May we contact for reference?:	
From:	To:	Ending Salary:	
Duties and responsibilities:			
Reason for Leaving:			

Name of next previous employer:			
Address:			
Phone Number: ()		Supervisor's Name:	
Job Title:		May we contact for reference?:	
From:	To:	Ending Salary:	
Duties and responsibilities:			
Reason for Leaving:			

19. The information I have disclosed in this Application for Employment is true, correct and complete. Any false or misleading information stated in this application may result in refusal to hire or, if already hired, my dismissal. I authorize investigation and verification of all information contained in this application. My signature authorizes Inter-Coastal Electronics (ICE) to check references and authorizes all former employers, supervisors and managers to release information in response to a request for a reference and/or verification of employment. I understand that the employment relationship for which I am applying is an employment-at-will relationship. This means the employment relationship is by mutual consent of ICE and myself, is not for any definite period of time, and may be terminated by either ICE or me at any time, without notice, and for any reason or no reason at all.

Signature

Date



APPLICANT AFFIRMATIVE ACTION INFORMATION FORM
 (Voluntary -- Not Required)

As a government contractor, we support affirmative action programs, including the Jobs for Veterans Act (JVA), Vietnam Era Veteran's Readjustment Assistance Act of 1974 (VEVRAA) and the Rehabilitation Act of 1973 (Section 503). In compliance with government regulations, we are required to record the number of applications received by age and sex and to report these totals to the appropriate government agencies.

You are not required to complete this form. Your application will be considered in the same manner whether this form is completed or not. This information will not be kept with your application and will be used only in accordance with the state and federal regulations.

1. Date of application:	2. Position applied for:
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3. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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4. Referral Source:	<input type="checkbox"/> Online Job Board	<input type="checkbox"/> Walk-In	<input type="checkbox"/> ICE Employee Referral
	<input type="checkbox"/> Recruiting Agency	<input type="checkbox"/> ICE Website	<input type="checkbox"/> Other _____

5. Race/Ethnicity (check one only):

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- 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.
- 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.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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 maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

6. Covered Veteran Status:

- Disabled Veteran** Veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to) 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.
- Other Protected Veteran** Veteran who served on active duty during a war or in a campaign for which a campaign badge has been authorized.
- Armed Forces Service Medal Veteran** Veteran who, while on active duty, participated in a US military operation for which a service medal was awarded.
- Recently Separated Veteran** Veteran who served on active duty during the three-year period beginning on the date of such veteran's discharge or release from active duty.