



2401 E. Brooklyn Ave., Spokane, WA 99217 Tel: 509-468-2310 Fax: 509-468-0284

APPLICATION FOR EMPLOYMENT

Qualified applicants receive consideration for employment without discrimination because of gender, marital status, race, color, creed, national origin, age, the presence of any physical, sensory or mental handicap, veteran status, or any other protected class as defined by applicable state, federal or local laws. All Brooklyn Iron Works hires and rehires will be tested for drugs as part of the pre-employment process. A positive test will eliminate the candidate from consideration. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for not being hired or for termination.

GENERAL APPLICANT INFORMATION

Date Applied: _____

Name (First, Middle, Last): _____ Phone: _____

Address (Street, City, State, Zip): _____

Position Desired: _____ Email: _____

Are you legally authorized to work in the U.S.? Yes No *Proof of work authorization is required upon hire.*

Available for: Full-time Part-time Temporary Date available: _____

Based on the duties of the position for which you are applying, are you able to perform the essential job functions of the position with or without reasonable accommodation? Yes No

School Type	School Name	City/State	Years Completed	Major/Degree Earned
High School:	_____	_____	_____	_____
College/University:	_____	_____	_____	_____
Graduate School:	_____	_____	_____	_____
Business/Trade, Other:	_____	_____	_____	_____

Do you plan to further your education? Yes No Planned start date: _____

SKILLS (Important: Check all items you can perform and all equipment you can operate.)

Fabrication Shop	Paint Shop	Detailing	Office	Accounting
<input type="checkbox"/> Read layouts	<input type="checkbox"/> Spray	<input type="checkbox"/> Drafting	<input type="checkbox"/> MS Word	<input type="checkbox"/> Financial Statements
<input type="checkbox"/> Read blue prints	<input type="checkbox"/> Blast	<input type="checkbox"/> Tekla Software	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> A/P <input type="checkbox"/> A/R
<input type="checkbox"/> Fitter	<input type="checkbox"/> Wheelabrator	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Excel	<input type="checkbox"/> Payroll
<input type="checkbox"/> Welder		<input type="checkbox"/> Other: _____		

Professional licenses, degrees, awards, special training, skills and experience relevant to your ability to perform the job for which you are applying: _____

Foreign Languages: Speak: _____ Read: _____ Write: _____

U.S. MILITARY SERVICE

Did you serve in the U.S. Armed Forces? No Yes - Branch: _____

Dates of Duty: From: _____ to: _____ Rank at Discharge: _____

Kinds of Duty/Training while in the Service: _____

PREVIOUS EMPLOYMENT (Please include employment history for the last 10 years, most recent position first.)

Begin Date: ____/____/____ End Date: ____/____/____ Still Employed Last Title Held: _____

Duties, responsibilities, equipment, skills used: _____

Employer (Full business name): _____

Address (Street, City, State, Zip): _____

Type of Business: _____ Hours/Week: _____

Reason for Leaving: _____

Supervisor Name: _____ Phone: _____ May we contact? Yes No

Begin Date: ____/____/____ End Date: ____/____/____ Still Employed Last Title Held: _____

Duties, responsibilities, equipment, skills used: _____

Employer (Full business name): _____

Address (Street, City, State, Zip): _____

Type of Business: _____ Hours/Week: _____

Reason for Leaving: _____

Supervisor Name: _____ Phone: _____ May we contact? Yes No

Begin Date: ____/____/____ End Date: ____/____/____ Still Employed Last Title Held: _____

Duties, responsibilities, equipment, skills used: _____

Employer (Full business name): _____

Address (Street, City, State, Zip): _____

Type of Business: _____ Hours/Week: _____

Reason for Leaving: _____

Supervisor Name: _____ Phone: _____ May we contact? Yes No

EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For _____

Referral Sources: Advertisement Friend Relative Walk-In
 Employment Agency Company Website Other _____

Name _____ Phone () _____
 LAST FIRST MIDDLE

Address _____
 NUMBER STREET CITY STATE ZIP CODE

EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: _____

Check one: Male Female

{Please Finish Survey on Back of Page}

EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino?

- No, I am **not Hispanic or Latino**.
- Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** – All persons who identify with more than one of the above five *rac*es.

Check if the following is applicable:

-
- Veteran** - As defined under one or more of the following:
- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
 - was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
 - 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 (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
 - one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____ Date _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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.