



# EMPLOYMENT APPLICATION

## DO NOT REFERENCE RESUME

4040 E. Bijou Street, #140  
 Colorado Springs, CO 80909  
 719-896-4127

**AN EQUAL OPPORTUNITY EMPLOYER**

An incomplete application will not be considered for employment.

### GENERAL

Job Title		Job Announcement Number	Date
Name Last	First	Middle	
Home Address		City	State Zip
Home Telephone	Cell Phone	Email Address	

### EDUCATION

Name of High School	Location	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No		GED <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of College/Military/Trade Schools	Location	Degree	Month/Year Completed	Major

### EMPLOYMENT (Current First)

CIRI Shareholders are strongly encouraged to apply. Are you a CIRI Shareholder, descendant or family member?  
 Yes  No

Have you worked for a CIRI-affiliated company? (CITC, SCF, TCF, CIHA, CATC, ANHC, KBC, ANJC, CMI, ANC R&D)  
 Yes  No

If yes, when and where

Company <small>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	Address	City/State	Inclusive dates employed Month/Year to
Name under which employed if different	Start Salary	End Salary	Supervisor's Name, Telephone Number & Ext.
Your position	Your duties (Do not reference resume)		
Reason for leaving			
Company <small>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	Address	City/State	Inclusive dates employed Month/Year to
Name under which employed if different	Start Salary	End Salary	Supervisor's Name, Telephone Number & Ext.
Your position	Your duties (Do not reference resume)		
Reason for leaving			

Company May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	City/State	Inclusive dates employed Month/Year to
Name under which employed if different	Start Salary	End Salary	Supervisor's Name, Telephone Number & Ext.
Your position	Your duties (Do not reference resume)		
Reason for leaving			

## SKILLS

Clerical	Computers	Professional
Typing (wpm)	Hardware	Organizations
Shorthand	Software	Publications
Other Machines		Patents

## PREFERENCE

Full Time  
 Part Time  
 Temporary  
Hours Preferred \_\_\_\_\_ to \_\_\_\_\_  
Minimum Desired Salary \_\_\_\_\_

What prompted you to apply?

Newspaper Advertisement  
 Employment Agency  
 State Employment Offices  
 ANC relative/friend referral  
 Professional reputation  
 Job Fair  
 Other

## REFERENCES

*Please list persons whom we may contact who know your job qualifications, such as present or former supervisors, teachers, etc.*

Name	Present Organization	Position
Association with you	City and State	Telephone Number and Extension
Name	Present Organization	Position
Association with you	City and State	Telephone Number and Extension
Name	Present Organization	Position
Association with you	City and State	Telephone Number and Extension

Convictions: Have you ever been convicted of a felony?  Yes  No  
If answer is yes, show date, charge, place, court and action taken for each offense.

Citizenship: If offered employment by ANC Research & Development, LLC, can you provide proof of Citizenship?  Yes  No  
Can you provide proof of permission to work in the United States?  Yes  No

## OTHER INFORMATION

U.S. Military Experience: Branch	Rank/Pay Grade	Years/Months of Active Duty	Duties	Type of Discharge
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Relatives at ANC Research & Development, LLC      List name, relationship, job title and department where employed.

## COMMENTS

Please list any other abilities, career interests, or work experience including volunteer experience

**No offer, terms or conditions of employment may be orally established or modified.**

Do you hold a current security clearance?  Yes  No If so, what level?

Are you aware of any reason you would not be able to obtain a security clearance?  Yes  No

I understand this position may be required to submit to pre-employment, random drug, serious incident and reasonable cause testing.

I understand ANC Research & Development, LLC (ANC R&D) is a subsidiary of Cook Inlet Region, Inc. (CIRI) and CIRI facilitates the background check process. CIRI utilizes a third party provider, Background Profiles, Inc. (BPI), to conduct background checks for all job applicants. The background check process is performed electronically via computer which requires applicants to have access to a computer.

I understand if selected as a candidate for a position with ANC R&D, I will receive an email notification from BPI requiring me to acknowledge receipt of the email and consent to the background check. I will also be requested to provide necessary personal information in order for BPI to conduct the background check. Not responding to BPI's email in a timely manner will delay and/or jeopardize my opportunity for employment with ANC R&D.

I acknowledge that employment at ANC R&D is at will, which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice.

I understand that my employment with ANC R&D is contingent upon satisfactory results of an investigation of my past employment experience, education, credit history, criminal history, driving record, and other activities referred to in this application.

I certify the foregoing is true and accurate to the best of my knowledge. I understand that falsification of any information provided in this employment application is grounds for rejection or immediate dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***EEO Statement:*** ANC Research & Development is an affirmative action employer. Age 40 and over, color, disability, gender identity, genetic information, military or veteran status, national origin, race, religion, sex, sexual orientation or any other applicable status protected by state or local law are not taken into account in any employment decision.

The application & invitation to self-identify forms must be signed using a digital signature or printed and hand-signed. Save the documents as pdf and email the pdf to [HR@ancred.com](mailto:HR@ancred.com) or fax to 719-985-8917

## Invitation to Self-Identify

ANC Research & Development (ANC R&D) is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. 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 Federal affirmative action regulations.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title Applied/Hired for (List only one): \_\_\_\_\_

Signature: \_\_\_\_\_

- MALE                       FEMALE                       I CHOOSE NOT TO SELF-IDENTIFY
- WHITE (not Hispanic or Latino)       BLACK or AFRICAN AMERICAN (not Hispanic or Latino)
- HISPANIC or LATINO                       ASIAN (not Hispanic or Latino)
- AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)
- NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)
- TWO or MORE RACES (not Hispanic or Latino)
- I CHOOSE NOT TO SELF-IDENTIFY

ANC R&D is also 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 veterans in the following classifications:

- 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 Acts. 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. 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

## 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.\* 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 DO NOT HAVE A DISABILITY
- I DO NOT WITH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

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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.

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\* 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](http://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.