

Position for which you are applying:
How did you hear about the position? Who referred you to Reel Power?

As part of the application process, Reel Power will conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —			Today's Date	
First Name	MI	Last Name	Last 4 Digits of Social Security Number	
Current Mailing Address			How long at current address?	
City		County	State	ZIP Code
Daytime Telephone ()	Home Telephone ()	Email Address		
Position for which you are applying		Date available for work	What is your minimum wage requirement?	
Check the following options you would consider <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		If part-time, specify hours and days available		
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work at Reel Power Industrial to which you have applied (e.g., non-compete, non-solicitation)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain and provide a copy of such agreement.				

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
Colleges*				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
* Only list colleges or universities accredited by the Department of Education (DOE). The DOE maintains a database of accredited institutions at http://ope.ed.gov/accreditation . It is your responsibility to verify accreditation.				
List course work undertaken or degree/diploma received from an unaccredited college, as well as any other education, training, special skills or certificates/licenses that you possess related to the job.				
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
List any machines, equipment or software programs on which you are qualified and experienced in operating.				
List any languages that you speak fluently		List any languages that you read/write fluently		
If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state.				<input type="checkbox"/> Yes <input type="checkbox"/> No
:				

GENERAL INFORMATION

APPLICANT NAME _____

Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years old or over? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been employed by Reel Power Industrial or any affiliated companies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give dates: From: (month/year) To: (month/year)
Can you perform the essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives currently working or who have previously worked for Reel Power Industrial or any affiliated companies to which you are applying. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list the relatives:	

EMPLOYMENT HISTORY (List all work experience beginning with the present or most recent job. Use back of application, if necessary).

MOST RECENT JOB HELD	Name of Employer		Type of Business		
	Address		City	State	ZIP Code
	Title		Telephone Number ()		
	Name and Title of Supervisor		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)		
	Brief Description of Duties		Reason for Leaving		
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	ZIP Code
	Title		Telephone Number ()		
	Name and Title of Supervisor		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)		
	Brief Description of Duties		Reason for Leaving		
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	ZIP Code
	Title		Telephone Number ()		
	Name and Title of Supervisor		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)		
	Brief Description of Duties		Reason for Leaving		
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	ZIP Code
	Title		Telephone Number ()		
	Name and Title of Supervisor		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)		
	Brief Description of Duties		Reason for Leaving		

ADDITIONAL INFORMATION

APPLICANT NAME _____

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State ZIP Code	
	Title		Telephone Number ()		
	Name and Title of Supervisor		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)		
	Brief Description of Duties		Reason for Leaving		
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State ZIP Code	
	Title		Telephone Number ()		
	Name and Title of Supervisor		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)		
	Brief Description of Duties		Reason for Leaving		

CRIMINAL RECORD INFORMATION (Instructions for answering the next two questions below):

- A. **All Applicants.** Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or deferred **AND** withdrawn.
- B. **District of Columbia, Illinois, and Rhode Island Applicants.** Do not respond to the second question (regarding pending charges).
- C. **California Applicants.** Do not include: a misdemeanor conviction for possession or transportation of a small amount of marijuana (28.5 grams or less) if the conviction is more than two (2) years old; participation in any pretrial or post trial diversion program for drug or alcohol rehabilitation; or a misdemeanor conviction for which probation was successfully completed or otherwise discharged **AND** the case was judicially dismissed.
- D. **Colorado Applicants.** Exclude information involving any record of civil or military disobedience unless such matters resulted in a plea of guilty or a conviction by a court of competent jurisdiction.
- E. **Connecticut Applicants.** You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are: records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs; an adjudication as a youthful offender; a criminal charge that has been dismissed or nulled (not prosecuted); a criminal charge for which the person was found not guilty; or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.
- F. **Hawaii, Massachusetts and Minnesota Applicants.** Do not answer the following two questions.
- G. **Michigan Applicants.** Regarding pending charges, limit your response to felony offenses.
- H. **Utah Applicants.** Regarding convictions, limit your response to felony convictions. Do not respond to the second question (regarding pending charges).
- I. **Cities of Buffalo (NY), Newark (NJ), Philadelphia (PA), and Seattle (WA) Applicants.** Applicants residing in these cities or applying for a position physically located in these cities. Do not answer the following two questions.

Pending Matters. Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
CRIMINAL RECORDS: If you answered Yes to the above question, please provide the date(s) and describe that criminal record so the individual circumstances can be considered. <i>Criminal convictions or pending matters will not automatically disqualify an applicant from employment. An individualized assessment will be conducted in accordance with state and federal law before any employment decision is made.</i>	

ADDITIONAL INFORMATION

APPLICANT NAME _____

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years).

NAME	OCCUPATION / ASSOCIATION	TELEPHONE or Email
1.		()
2.		()
3.		()

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. You may omit all information that would indicate age, sex, sexual orientation, race, religion, national origin, or disability.

AGREEMENT (Please read the following statement carefully).

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give **Reel Power Industrial** any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and **Reel Power Industrial** from liability for any damage that may result from furnishing same to Reel Power.

I understand that Reel Power Industrial will provide workers' compensation insurance coverage for its employees. In the event of injury in the workplace, I agree that my sole remedy lies in coverage under Reel Power's workers' compensation insurance policy.

If employed by **Reel Power Industrial** I agree to abide by the policies and procedures of the Company which include the Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of **Reel Power Industrial** or myself. I further understand that no manager or representative of **Reel Power Industrial**, other than the President of **Reel Power Industrial** has any authority to enter into any agreement, oral or written, on behalf of Reel Power Industrial for a term of employment or to make any assurance or promise of continued employment.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to Reel Power and/or its client company. I understand that any positive drug or alcohol result may preclude my employment.

SIGN AND DATE THE FORM

Applicant's Signature	Date Signed (mm/dd/yyyy)
Print Full Name	Last 4 Digits of Social Security Number

Invitation to Self-Identify

Name: _____

Position: _____

Date: _____

Reel Power Industrial is a Federal contractor and an **Equal Opportunity Employer**. Reel Power Industrial is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to 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 protected veterans. In order to comply with these laws, Reel Power Wire & Cable invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. Reel Power Wire & Cable does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may 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.

Check one of the following:

- Male
- Female
- I choose not to self-identify

Check one of the following race/ethnic groups defined on the following page:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I choose not to self-identify

Check one of the following:

- I identify as one or more of the classifications of protected veterans as defined on the following page
 - DISABLED VETERAN
 - RECENTLY SEPARATED VETERAN Military Discharge Date (MM/DD/YYYY):
 - ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
 - ARMED FORCES SERVICE MEDAL VETERAN
- I am not a protected veteran.
- I choose not to self-identify

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.

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.

Ethnicity and Race Definitions

- **Hispanic or 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.
- **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.
- **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.
- **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)** – A person who identifies with more than one of the above five races.

Protected Veteran Definitions

- **Disabled Veteran** - 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.
- **Recently Separated Veteran** - 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 veteran** - 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.

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.

For Employer Use Only

Job Title: _____ Date of Hire: _____