

(Note: This form is editable. Click on 1st field then "TAB" to move to next field. Then print and fax to: 305-594-8909)

Qualified individuals with a disability have the right to request a reasonable accommodation to our paper application process. If you are unable or limited in your ability to complete the application as a result of your disability, request a reasonable accommodation by contacting Jackie Gonzalez / Human Resources Manager at (305) 592-4944 /email jackie.gonzalez@pantropic.com and informing us regarding the nature of your request and providing your contact information. Please do not direct any other general employment related questions to this email and/or phone number. Only inquiries concerning a request for reasonable accommodation will be responded to from this e-mail address and/or phone number.



Application for Employment

PLEASE PRINT

Position(s) Applied for _____ Date of Application ____/____/____

Referral Source

- Advertisement Employee Relative Government Employment Agency
- Walk-in Private Employment Agency Other

Name of Referral (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number _____ Email _____

If necessary, best time to call you is _____

May we contact you at work? Yes No

If yes, work number and best time to call ____()_____ :__ am pm

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give date....._____/_____/_____

Have you ever been employed here before? Yes No

If yes, give dates.....From_____/_____/_____ To_____/_____/_____

Are you eligible for employment in this country? Yes No
(Proof of employment eligibility and identity will be required upon employment)

Date available for work....._____/_____/_____

Type of employment desired Full Time Part Time Temporary

Are you on lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a felony in the last seven (7) years? Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

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Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

Employer Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

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Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

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Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background (if job related)

A. List last three (3) schools attended, starting with last one. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E./F.** Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List professional, trade, business, or civic associations and any offices held.

Organization	Offices Held

List special accomplishments, publications, awards.

List any additional information you would like us to consider. _____

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Acknowledge and Authorization

It is understood and agreed upon that any misrepresentation in this application will be sufficient cause for disqualification of this application and/or my separation from employment.

Further, by signing this application, I give the Employer the right to contact all references and to secure additional information about my qualifications. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____

Date ____/____/____

Affirmative Action Self ID Survey

Applicants and employees are treated without regard to race, color, creed, religion, sexual orientation, gender, national origin, age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with government regulation and affirmative action responsibilities. Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below. The information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

YOUR COOPERATION IS VOLUNTARY

INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

Please complete the following information. Please print.

Last Name: _____ First Name: _____

Date: _____ Job Title/Req Number: _____

Gender

- Male Female

Ethnicity - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or of Spanish culture or origin, regardless of race.)

- Yes No

Race - If you are not Hispanic or Latino, please select the appropriate race category.

- White (not Hispanic or Latino) - A person having origins in any of the original peoples or Europe, the Middle East, or North America.
- Black of 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 original 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 maintains tribal affiliation or community attachment.
- Two or More Races (not Hispanic or Latino) - Persons who identify with more than one of the above five races.

I respectfully decline completing the information being requested above. _____ Initials

Invitation to Self-Identify – Pre-Offer

This employer is a Government contractor 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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

1. 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.
2. 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.
3. 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.
4. 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 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**.

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

Signature (please print name)

Date

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____

Date: _____

Employee ID: _____
(if applicable)

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:**

- 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
- 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)
- 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: _____