Applicant Name:

Date:_

PRE-EMPLOYMENT APPLICATION PACKET

Please complete the entire application and all forms. Please be sure to sign where required. You can mail, fax or email the packet to:

Human Resources Floats & Fuel Cells / FFC Services, Inc. 4010 Pilot Drive, Suite 103 Memphis, TN 38118 901-842-7114

Fax #: 901-842-7147 Email: jhogenbirk@ffcfuelcells.com

Equal Opportunity Employer and Affirmative Action Employer

Pre Employment Packet Includes:

- Employment Application
- Background Form
- Employed by Department of Transportation Employer Form
- Pre-Employment Notification & Acknowledgement Form
- Release of Information Form 49 CFR part 40
- Applicant Affirmative Action Program Self-Identification Form
- Voluntary Self-Identification of Disability Form
- Veterans Pre and Post Offer Self-Identification Form

FORM: FFCM 800-03-0000026 Pre-Employment Application Packet Rev. Date: 2/19/2018 Rev. Level: 22

Employment Application

A completed and signed employment application is required for each desired position. Materials submitted with your application will not be returned. Floats & Fuel Cells/FFC Services, Inc. is an Equal Opportunity Employer.

Personal Information			
Legal Name: (Last)	(First)	(Middle)	Social Security Number
Address			Home Telephone ()
City	State	Zip Code	Cell Phone: ()
Are you 18 years of age or older? Yes No	In compliance with federal law, all persons hired will be required to verify identify and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.		Email Address:

Desired Employment

Position Applying for:	Date available for work?		Minimum Acceptable Salary:
Have you been employed by Floats & Fuel Cells/FFC Services,		nc.? 🗌 Yes	No
If yes, what location:		Position Held:	
Dates of employment:		Reason for leaving:	

Background Information

The position for which you applied may require the use of a vehicle. Should you be offered and accept a position, can you furnish a copy of a valid Driver's License? YES VI YOU	Ţ				
Have you ever been convicted of a felony or pleaded no contest to a felony or felonies in the last ten years?					
Do you have a clean driving record? YES NO If yes, please explain:					
Do you have any relatives working for Floats & Fuel Cells and/or FFC Services 🗌 Yes 🗌 No					
Name (s) Department (s): Relationship (s)					
How did you hear about the Company: Newspaper Employment Office Internet School Friend Employee Referral: (Name) Other					

Skills/Technical Ability – Include Number of Years Experience

Do you have a valid A & P License? If	yes, License # Part "	'A" only 🔄 Part "P" only 🛄
🗆 Fuel Systems:	Management Experience:	Administrative/Clerical
What Type?	Engineering Experience:	Typing wpm:
		Microsoft Office
🗆 Aircraft Maintenance:	Sales/Customer Service:	Production/Manufacturing
Mechanical Experience:	Marketing:	Quality Assurance:

Computer Experience (complete if applicable to desired employment)

	Advanced	Intermediate	Beginner	Software Used
Word Processing				
Spreadsheet				

Floats & Fuel Cells/FFC Services, Inc. 4010 Pilot Drive, Suite 103 Memphis, TN 38118 Telephone: 901-842-7110 · Toll Free 800-647-6148 · FAX 901-842-7147 · www.ffcfuelcells.com Equal Opportunity Employer and Affirmative Action Employer P a g e | 1

Please fill out <u>completely.</u>					
A resume may be attached, but will not be accepted in place of ar					
List all employment activity including self-employment in the past, s					
experience is an important factor in determining a position for whic		ase complete this application			
carefully. If you need additional space, please add additional sheet.	S.				
Name of Fundament					
Name of Employer:	Address:				
Position Held & Duties Performed:					
	Starting	Ending			
Date of Hire: Date of Separation:	Salary:	Salary:			
	Check Box and State R	eason for leaving			
Name of Supervisor & Phone No.	Layoff Disc	harge 🛛 Resign			
May we contact this employer 🛛 Yes 🖾 No	Explain:				
Name of Employer:	Address:				
	*				
Position Held & Duties Performed:					
	Starting	Ending			
Date of Hire: Date of Separation:	Salary:	Salary:			
Date of time.	Check Box and State R				
Name of Supervisor & Phone No.		-			
May we contact this employer 🛛 Yes 🗖 No	Explain:				
Name of Employer:	Address:				
	Address:				
Position Held & Duties Performed:	-				
	Starting	Ending			
Date of Hire: Date of Separation:	Salary:	Salary:			
	Check Box and State R	v			
Name of Supervisor & Phone No.	Layoff Disc	harge 🛛 Resign			
May we contact this employer Yes No	Explain:				
Name of Employer:	Address:				
Position Held & Duties Performed:					
	Starting	Ending			
Date of Hire: Date of Separation:	Salary:	Salary:			
	Check Box and State R	· · · ·			
Name of Supervisor & Phone No.	Layoff Disc	-			
		<u> </u>			
May we contact this employer 🛛 Yes 🗆 No	Explain:				

Floats & Fuel Cells/FFC Services, Inc. 4010 Pilot Drive, Suite 103 Memphis, TN 38118 Telephone: 901-842-7110 · Toll Free 800-647-6148 · FAX 901-842-7147 · www.ffcfuelcells.com Equal Opportunity Employer and Affirmative Action Employer P a g e | 2

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Education History					
High School		Name	of Schoo	1	City & State
High School Diploma or G.E.D. 🗆 Yes 🗖 No					
Non-Graduate – Highest Grade completed.	9	10	11	12	

Certificate	Field of Study	Name of School	City & State
A & P License			
Trade or Craft Certificate			
Professional Certificate		· · · · · · · · · · · · · · · · · · ·	

College	Field of Study	Name of School	City & State
Some College			
Associate Degree			
Bachelor's Degree			
Some graduate school			
Master's Degree			
Doctorate Degree			
Professional Degree			

Military Record

Have you been in the military:	🗆 Yes 🗆 No	
Branch:	Dates of Service:	Rank at Discharge:

Applicant Statement of Authorization and Agreement

- I hereby certify that the information provided by me in this application is true and complete to the best of my knowledge, and I understand that falsification of this information is grounds for refusal to hire or, if hired, termination.
- I authorize any of the persons or organizations referenced in this application to use any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to FFC/FFCS or its designee.
- I authorize the FFC/FFCS and/or its designee to request, receive and verify all information given in this
 application.
- In consideration for my employment by FFC/FFCS, I agree to conform to the rules and regulations of the company set forth in the company's employee handbook and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the company at any time, at the company's sole option and without any prior notice to me.
- I further acknowledge that if I am employed by FFC/FFCS, my employment will be at will, and may be terminated with or without cause at any time by me or the company.
- I agree to furnish such additional information and complete such examination as may be required to complete my employment file.
- I agree that, if employed, I will report to management any conduct which I believe constitutes unlawful harassment (sexual, racial, etc). I understand that there are no reprisals whatsoever for good faith reporting of such conduct to management.
- I agree that, if employed, I will report to management any work-related unlawful or unethical conduct on the part of any employee. I understand that there are no reprisals whatsoever for the good faith reporting of such conduct to management.
- I understand that if a job offer is made, I may be required to successfully pass a drug screening test and background check, either prior to commencement of employment or after I have been employed, as deemed necessary by the Company.

Floats & Fuel Cells/FFC Services, Inc. 4010 Pilot Drive, Suite 103 Memphis, TN 38118 Telephone: 901-842-7110 · Toll Free 800-647-6148 · FAX 901-842-7147 · www.ffcfuelcells.com Equal Opportunity Employer and Affirmative Action Employer P a g e | **3**

- I understand that if employed, all accidents that occur on Company or on Company business off premises involving an employee or visitor, and which results in an injury, regardless of the degree, must be reported to my supervisor or appropriate member of management.
- I understand that if employed, I may be asked to sign a confidentiality statement, a fair business practice
 agreement, a non-compete agreement, or some other type of agreement depending on the nature of the job I
 am applying for or might be assigned to in the future.

I agree to the above conditions of employment		
Signature	Date	

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Floats & Fuel Cells/FFC Services, Inc. 4010 Pilot Drive, Suite 103 Memphis, TN 38118 Telephone: 901-842-7110 · Toll Free 800-647-6148 · FAX 901-842-7147 · www.ffcfuelcells.com Equal Opportunity Employer and Affirmative Action Employer P a g e | 4

BACKGROUND FORM

National Information Agency, Inc.	Phone: 901-521-6763
PO Box 672	FAX: 901-521-8297
Ellendale, TN 38029	Joykellum1@comcast.net

APPLICANT AUTHORIZATION AND RELEASE

During the application process and at any time during any subsequent employment, I hereby authorize National information Agency; on behalf of Floats & Fuel Cells/FFC Services, Inc., to procure a Consumer report which I understand may include information regarding my character, general reputation, personal characteristics, mode of living, or credit worthiness. This report may be compiled with information from court records, educational institutions, governmental occupational licensing or registration entities, business or personal reference, and any other source required to verify information that I have voluntarily supplied.

I agree to and authorize Floats & Fuel Cells or FFC Services Inc. to make available the results of the background check for purposes deemed necessary to any parties including the company's customers. I.e. name badge purposes, and any other type of badge required by customer.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same effect as the original.

PRINT CLEARLY AND COMPLETELY

Print Name_____

Applicant's Signature _____

Have you ever been convicted of a felony or pleaded no contest to a felony or felonies in the last ten years?

Yes No If YES, list charge, disposition/outcome, dates, city and state.

Current Address:

Previous Address for last 10 years – If more space is needed, list on back of sheet.

Social Security # ______ Date of Birth ______

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Driver's License # ______ State of Issue ______

Today's Date: _____

EMPLOYED BY DEPARTMENT OF TRANSPORTATION EMPLOYER

All Department of Transportation regulated employers must conduct the drug and alcohol records check of new employees who were previously employed by a Department of Transportation regulated employers in accordance with 49 CFR Part 40.25.

Applicant Name: _____

Date: _____

49 CFR 40.25 requires DOT regulated companies to check the drug and alcoholtesting record of new employees who were previously employed by a Department of Transportation regulated employer.

1. Have you been employed by a Department of Transportation (DOT) regulated company **within the last 24 months**? (check one)

No

Yes	
-----	--

IF YES, Please provide the name, address and phone number of the facility. (if more than one, list names, addresses, phone numbers on the back of this form.) You must also Answer Question 2 and then complete the attached form titled "Release of Information Form--49 CFR Part 40 Drug and Alcohol Testing"

2. Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive work covered by DOT drug and alcohol testing rules during the past two years? (check one)

No

If an applicant answers yes to #2, the employer cannot hire the individual unless he/she has completed the SAP process.

Print your name: _____

Sign your name: _____

Date: _____

Floats & Fuel Cells, Inc. / FFC Services, Inc. Pre-Employment Notification & Acknowledgement

I understand and acknowledge that I will be required to undergo a DOT/FAA pre-employment drug test for the following substances prior to being hired or transferred into a Department of Transportation (DOT) safety-sensitive position as defined in 14 CFR part 120¹:

- Marijuana,
- Cocaine,
- Opiates,
- Phencyclidine (PCP), and
- Amphetamines.

(Print Name)	(Signature)	(Date)

The Department of Transportation's (DOT's) Procedural regulation, 49 CFR part 40, § 40.25(j), requires an employer to ask if you previously had a verified positive pre-employment drug test, or refused to submit to a pre-employment drug or alcohol test administered by a DOT employer to which you applied and did not obtain employment. Please check the box below:

Yes 🗋 No 🗋

If you answered YES, can you provide documentation that you successfully completed the DOT return-to-duty requirements described in 49 CFR part 40, Subpart O, including the initial/follow-up reports from the Substance Abuse Professional and follow-up test results? Please check the box below:

Yes	No		Not applicable		
(Print Name)	 — (Signat	ure)	(Dat	te)	<u> </u>

<u>}</u>

¹ A safety-sensitive function, as described in 14 CFR part 120, §§ 120.105 and 120.215, includes a flight crewmember, flight attendant, flight instructor, aircraft dispatcher, aircraft maintenance or preventive maintenance, ground security coordinator, aviation screener, and air traffic controller.

FAA/Drug Abatement Division's Suggested "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing" for Aviation Employers

Section I. To be completed by the new aviation employer, signed by the safety-sensitive employee, and transmitted to the previous DOT-regulated employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the aviation employer listed in Section I-A. This release is in accordance with DOT regulation 49 CFR Part 40, § 40.25 and FAA regulation 14 CFR part 120. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher:
- 2. Verified positive drug tests;
- 3. Refusals to be tested;
- 4. Other violations of DOT agency drug and alcohol testing regulations;
- 5. Information obtained from previous employers of a drug and alcohol rule violation;
- 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: Date: I-A. New Aviation Employer Name: FFC Services, Inc. / Floats & Fuel Cells, Inc. Address: 4010 Pilot Drive, Suite 103 Memphis, TN 38118 Phone #: 901-842-7114 Fax #: 901-842-7147 Designated Employer Representative: Jeanne Hogenbirk, HR Manager jhogenbirk@ffcfuelcells.com Previous Employer Name: _____ Address: Phone #: Designated Employer Representative (if known): _____ Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer: **II-A.** While employed ~ YES ____ NO ____ 1. Did the employee have alcohol tests with a result of 0.04 or higher? 2. Did the employee have verified positive drug tests? YES ____ NO ____ 3. Did the employee refuse to be tested? YES NO

4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?

5. Did a previous employer or the employee report a drug and alcohol rule violation to you?

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?

YES ____ NO ____

YES ____ NO ____

N/A ____ YES NO

NOTE: If you answered "yes" to any of the above items, you must provide the records concerning the result, violation and/or returnto-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).

Name and Title of person providing information in Section II-A:

_____ Phone #: _____ Date: _____

FAA/Drug Abatement Division's Suggested "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing" for Aviation Employers

Section I. To be completed by the new aviation employer, signed by the safety-sensitive employee, and transmitted to the previous DOT-regulated employer:

Employee Printed or Typed Name:

Employee SS or ID Number:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the aviation employer listed in Section I-A. This release is in accordance with DOT regulation 49 CFR Part 40, § 40.25 and FAA regulation 14 CFR part 120. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
- 2. Verified positive drug tests;
- 3. Refusals to be tested;
- 4. Other violations of DOT agency drug and alcohol testing regulations;
- 5. Information obtained from previous employers of a drug and alcohol rule violation;
- 6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: Date:

Ĭ	-A.

New Aviation Employer Name: _____FFC Services, Inc. / Floats & Fuel Cells, Inc.

Address: _ 4010 Pilot Drive, Suite 103

Memphis, TN 38118

Phone #: 901-842-7114

Fax #: 901-842-7147

Designated Employer Representative: Jeanne Hogenbirk, HR Manager jhogenbirk@ffcfuelcells.com

I-B.

Previous Employer Name:

Address: _____

Phone #:

Designated Employer Representative (if known):

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

<u>II-A</u> .	While	employed ~
		employ ea

1. Did the employee have alcohol tests with a result of 0.04 or higher?		YES	NO
2. Did the employee have verified positive drug tests?		YES	NO
3. Did the employee refuse to be tested?		YES	NO
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?		YES	NO
5. Did a previous employer or the employee report a drug and alcohol violation to you?	rule	YES	NO
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	N/A	YES	NO

NOTE: If you answered "yes" to any of the above items, you must provide the records concerning the result, violation and/or returnto-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).

II-B.

Name and Title of person providing information in Section II-A:

FAA/Drug Abatement Division's Su	ggested
"Release of Information Form 49 CFR Part 40 Dru	ig and Alcohol Testing"
for Aviation Employers	
<u>Section I</u> . To be completed by the new aviation employer, signed by the safety- the previous DOT-regulated employer:	sensitive employee, and transmitted to
Employee Printed or Typed Name:	
Employee SS or ID Number:	
I hereby authorize release of information from my Department of Transportation regulated drug and alco in <i>Section I-B</i> , to the aviation employer listed in <i>Section I-A</i> . This release is in accordance with DOT reg 14 CFR part 120. I understand that information to be released in <i>Section II-A</i> by my previous employer, items:	gulation 49 CFR Part 40, § 40.25 and FAA regulation
 Alcohol tests with a result of 0.04 or higher; Verified positive drug tests; Professionate the test state. 	
 Refusals to be tested; Other violations of DOT agency drug and alcohol testing regulations; 	
 Information obtained from previous employers of a drug and alcohol rule violation; Documentation, if any, of completion of the return-to-duty process following a rule violat 	іоп.
Employee Signature:	_ Date:
I-A. New Aviation Employer Name: FFC Services, Inc. / Floats & Fuel Cells,	Inc.
4010 Pilot Drive, Suite 103	
Memphis TN 38118	
Phone #: 901-842-7114 Fax #: 901-842-71	
Designated Employer Representative: Jeanne Hogenbirk, HR Manager jhogenb	
<u>I-B.</u>	
Previous Employer Name:	
Address:	
Phone #:	
Designated Employer Representative (if known):	
Section II. To be completed by the previous employer and transmitted by mai	l or fax to the new employer:
	for lax to the new employer.
<u>II-A</u> . While employed ~	
1. Did the employee have alcohol tests with a result of 0.04 or higher?	YES NO
2. Did the employee have verified positive drug tests?	YES NO
3. Did the employee refuse to be tested?	YES NO
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	YES NO
5. Did a previous employer or the employee report a drug and alcohol rule	
violation to you?	YES NO
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/	A YES NO
NOTE: If you answered "yes" to any of the above items, you must provide the records co to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).	oncerning the result, violation and/or return-
<u>II-B.</u> Name and Title of person providing information in Section II-A:	
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/. NOTE: If you answered "yes" to any of the above items, you must provide the records co to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.).	A YES NO oncerning the result, violation and/or return-

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Applicant Affirmative Action Program Self-Identification Form

Required Information

Position for which you are applying:

Voluntary Information

Applicants and employees are treated during the hiring process and employment tenure without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, citizenship, age, veteran status, disability, genetic information, or any other legally protected status.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports may be made to the government on the following information. Your completion of this Data Record is voluntary. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Gender: Male Female

Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).

Race/Ethnic Identification (check one):

Are you Hispanic or Latino?	🗌 Yes	🗌 No
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If you answered "Yes" you have completed this form. If you answered "No" please select a race from the options below.

White (Not Hispanic or Latino)

(Not Hispanic or Latino)

Black or African American

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

I do not wish to disclose

Asian (Not Hispanic or Latino)

Definitions of Race/Ethnic Categories

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) – All persons who identify with more than one of the above five races.

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2017 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.¹ 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
 Autism
- Bipolar disorder

partially missing limbs

- Deafness
 Cerebral palsy
 Maior depression HIV/AIDS
- Cancer
- Diabetes
 Schizophrenia
 Missing limbs or
- Epilepsy
- Muscular
 - dystrophy

- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Multiple sclerosis (MS) 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 DON'T HAVE A DISABILITY
- Ш I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2017 Page 2 of 2

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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.

¹ 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 <u>www.dol.gov/cfccp</u>.

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.

VETERANS PRE-AND POST-OFFER SELF-IDENTIFICATION FORM

- 1. Floats & Fuel Cells Inc. / FFC Services, Inc. Is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) which requires Government contractors to take affirmative action to employ and advance in employment protected veterans categories as follows:
 - DISABLED VETERAN is either (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.
 - **RECENTLY SEPARATED VETERAN** is 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 is 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 is 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 <u>Executive Order 12985</u>.
- 2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the VEVRAA. Please check as appropriate.

l identify as one or more the classifications of protected veteran listed above

am not a protected veteran

l do not wish to answer

3. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Print Name

П

П

Π

Date

Signature

Position Applied for / Job Title