

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, Inc. / FFC Services, Inc. / Memphis Propeller, LLC
4010 Pilot Drive, Suite 103
Memphis, TN 38118
901-842-7114**

**Fax #: 901-842-7147
Email: jhogenbrk@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 - 3 copies**
- **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: 04/16/2025
Rev. Level: 25

**Floats & Fuel Cells, Inc.
 FFC Services, Inc.
 Memphis Propellers & Accessories LLC**

EMPLOYMENT APPLICATION

Application Information

Full name:	Date:			
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%; text-align: center;">Last</td> <td style="border: none; width: 33%; text-align: center;">First</td> <td style="border: none; width: 33%; text-align: center;">M.I.</td> </tr> </table>	Last	First	M.I.	
Last	First	M.I.		
Address:	Phone:			
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 65%; text-align: center;">Street address</td> <td style="border: none; width: 35%; text-align: center;">Apt./Unit #</td> </tr> </table>	Street address	Apt./Unit #		
Street address	Apt./Unit #			
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%; text-align: center;">City</td> <td style="border: none; width: 33%; text-align: center;">State</td> <td style="border: none; width: 33%; text-align: center;">Zip Code</td> </tr> </table>	City	State	Zip Code	Email:
City	State	Zip Code		

Date Available: _____	SS No. _____	Desired salary: \$ _____
How did you hear about the Company		_____
Did anyone refer you to the Company?	Name of Employee	_____

In compliance with federal law, all persons hired will be required to verify identify and eligibility to work in the U.S. and to complete the required employment eligibility verification form upon hire.

Are you authorized to work in the U.S? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain? _____

Education

High school: _____	Address: _____
From: _____	To: _____
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diploma: _____	
College: _____	Address: _____
From: _____	To: _____
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Degree: _____	
Other: _____	Address: _____
From: _____	To: _____
Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Degree: _____	

Floats & Fuel Cells/FFC Services/Memphis Propeller
 4010 Pilot Drive Suite 103 Memphis, TN 38118
 901-842-7114 - Toll Free 800-647-6148 - FAX 901-842-7147
 Equal Opportunity Employer and Affirmative Action Employer

Previous Employment

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job title: _____	From: _____ To: _____
Responsibilities: _____	Starting Rate: _____ Ending Rate: _____
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job title: _____	From: _____ To: _____
Responsibilities: _____	Starting Rate: _____ Ending Rate: _____
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job title: _____	From: _____ To: _____
Responsibilities: _____	Starting Rate: _____ Ending Rate: _____
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Military Service

Branch: _____	From: _____	To: _____
Rank at discharge: _____	Type of discharge: _____	
If other than honorable, explain: _____		

Skills/Technical Ability

Microsoft Office	Advance	Intermediate	Beginner	Certificates		
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A & P	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Airframe	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Powerplant	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Floats & Fuel Cells/FFC Services/Memphis Propeller
 4010 Pilot Drive Suite 103 Memphis, TN 38118
 901-842-7114 - Toll Free 800-647-6148 - FAX 901-842-7147
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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.
- If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
- I authorize the Company and/or its designee to request, receive and verify all information given in this application.
- In consideration for any employment by the Company, 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 the Company, 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.

Signature:

Date:

Floats & Fuel Cells, Inc; FFC Services, Inc and Memphis Propeller and Accessories

ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, AND RIGHT TO OBTAIN MORE INFORMATION REGARDING INVESTIGATIVE CONSUMER REPORTS. I certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" by Floats & Fuel Cells, Inc., FFC Services Inc. and Memphis Propeller & Accessories at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by Blue Line Investigations, Inc., 6025 Stage Road, Suite 42-146, Bartlett, TN 38134, (901) 266-7100.

State of Washington applicants and employees only: If the Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the Agency identified above directly.

New York applicants and employees only: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the Agency. If a consumer report is requested, you will again be provided with the name and address of the consumer reporting agency furnishing the report. You may also inspect and receive a copy of the report by contacting the Agency with the contact information above. By signing below, you also acknowledge receipt of Article 23-A of the NY Correction Law.

Minnesota applicants and employees only: You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____

Date: _____

Print Name: _____

Mailing Address: _____

Phone number: _____

Date of Birth: _____

BLUE LINE INVESTIGATIONS

6025 Stage Road, Suite 42-146
Bartlett, Tennessee 38134
Phone: 901-266-7100 Fax: 901-266-7121
Web: BlueLineInvestigations.net
"Investigating Their Past to Secure Your Future"

Consumer Report Order Form

Submission Methods:
Fax: 901-266-7121
Upload: <https://www.bluelineinvestigations.net/upload.aspx>

Company Name: Floats and Fuel Cells; FEC Services, and Memphis Propeller and Associates

SECTION A: Consumer/Applicant/Employee Information

PLEASE PRINT AND WRITE LEGIBLY WITH BLACK INK ONLY

Name & Variations:

Name: _____
List akas/maiden names/nicknames used within search scope checked below
Name Variation: _____
Name Variation: _____
Name Variation: _____

Required Search Identifiers:

Date of Birth: ____/____/____
Social Security Number: ____-____-____
Drivers License#: _____ State: _____
Exact Name As Shown On Drivers License: _____

Current Address _____ State _____ City _____ Zip _____ From: _____ year To: _____ year
Previous Address _____ State _____ City _____ Zip _____ From: _____ year To: _____ year
Previous Address _____ State _____ City _____ Zip _____ From: _____ year To: _____ year
Previous Address _____ State _____ City _____ Zip _____ From: _____ year To: _____ year

SECTION B: To Be Completed By Requestor/End User

Please indicate which services you want by putting "x" in the appropriate box. Unless otherwise notified, Blue Line Investigations will order the following services based on the information supplied in section A.

Please Check Search Scope: _____ 10 Year Search History _____ 7 Year Search History

- County Criminal Background - Felony/Misdemeanor
- Federal Criminal - U.S. District Court(s)
- Workman's Compensation: _____
State Abbreviation

- Criminal Database Search Options**
- Nationwide
 - Single State: _____
State Abbreviation

- Sex Offender Registry Search Options**
- Nationwide
 - Single State: _____
State Abbreviation

- Drug Testing Options**
- Urine Instant - (Choose Panel) 6 10
 - Urine Lab - (Choose Panel) 5 9 10
 - Urine DOT 5

- Social Security Number Verification
- Credit Report
- Motor Vehicle Report (MVR)
- Global Watch (OFAC)
- Healthcare Providers Report (OIG)
- Tennessee Bureau of Investigation (TBI)
- Employment Verification
- Education Verification

Visit our website bluelineinvestigations.net for definitions and details of each search, you can also find a complete list of our pre-employment screening services.

Thank
for choosing **BLI**
Blue Line Investigations

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 alcohol-testing 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)

Yes

No

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)

Yes

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: _____

FFC Services, Inc. / Floats & Fuel Cells
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 prohibited drug (as defined in 49 CFR § 40.85) prior to being hired or transferred into a Department of Transportation (DOT) safety-sensitive position as defined in 14 CFR part 120¹:

- Marijuana,
- Cocaine,
- Opioids,
- 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: Have 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?

- NO - If no, sign below.
- YES - If yes, did you complete the DOT return-to-duty procedures described in 49 CFR part 40, Subpart O, including the initial/follow-up evaluation with a qualified Substance Abuse Professional (SAP), education and treatment, return-to-duty and follow-up testing? Please indicate your response and explanation below:

YES; please explain: _____

NO; please explain: _____

(Print Name)

(Signature)

(Date)

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, air traffic controller, and operations control specialist.

Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous 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 employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. 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 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:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | |
|---|------------------------|
| 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 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 item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous 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 employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. 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 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:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing --

- | | |
|---|------------------------|
| 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 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 item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous 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 employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. 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 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:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing --

- | | |
|---|------------------------|
| 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 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 item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

**Applicant Affirmative Action Program
Self-Identification Form**

Required Information

Name: _____ **Application Date:** _____

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

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)

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 do not wish to disclose

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
Page 1 of 1

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

Name:
Employee ID:

Date:

(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:

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 Executive Order 12985.

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.

- I identify as one or more the classifications of protected veteran listed above
- I am not a protected veteran
- I 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

Date

Signature

Position Applied for / Job Title