



EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

ONCE COMPLETED

Please return this application by one of the methods below. Phone calls and drop-ins are discouraged.

Fax: 775.356.1313

Email: dsealy@usord.com

Mail: U.S. Ordnance, 300 Sydney Drive, McCarran, NV 89437

PERSONAL INFORMATION:

NAME _____
LAST MIDDLE FIRST

TELEPHONE # _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVERS LICENSE NUMBER _____
(If driving is an essential job duty)

HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST 7 YEARS? YES NO
(A conviction will not automatically bar employment)

IF YES, PLEASE EXPLAIN _____

JOB POSITION:

POSITION(S) APPLYING FOR _____

TYPE OF EMPLOYMENT DESIRED FULL TIME PART TIME TEMPORARY

DATE YOU CAN START WORK _____

Can you work overtime if necessary? YES NO

Can you travel if required by position? YES NO

Have you ever been previously employed by our organization? YES NO

Can you provide proof of legal employment authorization and identity? YES NO

If you are under 18, can you furnish a permit if it is required? YES NO I'M OVER 18

EMPLOYMENT HISTORY:

Please provide all employment information for your past four employers. Most recent first.

EMPLOYER _____ SALARY _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE # _____
IMMEDIATE SUPERVISOR AND TITLE _____
POSITION _____ DATES EMPLOYED _____
JOB SUMMARY _____

REASON FOR LEAVING _____

EMPLOYER _____ SALARY _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE # _____
IMMEDIATE SUPERVISOR AND TITLE _____
POSITION _____ DATES EMPLOYED _____
JOB SUMMARY _____

REASON FOR LEAVING _____

EMPLOYER _____ SALARY _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE # _____
IMMEDIATE SUPERVISOR AND TITLE _____
POSITION _____ DATES EMPLOYED _____
JOB SUMMARY _____

REASON FOR LEAVING _____

EMPLOYER _____ SALARY _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE # _____
IMMEDIATE SUPERVISOR AND TITLE _____
POSITION _____ DATES EMPLOYED _____
JOB SUMMARY _____

REASON FOR LEAVING _____

OTHER SKILLS AND QUALIFICATIONS:

Summarize any job-related training, skills, licenses, certificate, and/or other qualifications.

EDUCATIONAL HISTORY:

HIGH SCHOOL _____ LOCATION _____
YEARS ATTENDED _____ DEGREE OR CERTIFICATE EARNED _____

COLLEGE _____ LOCATION _____
YEARS ATTENDED _____ DEGREE OR CERTIFICATE EARNED _____

TECHNICAL TRAINING _____ LOCATION _____
YEARS ATTENDED _____ DEGREE OR CERTIFICATE EARNED _____

OTHER _____ LOCATION _____
YEARS ATTENDED _____ DEGREE OR CERTIFICATE EARNED _____

REFERENCES:

Provide 3 references. Do not include relatives or employers.

NAME _____ TELEPHONE # _____
YEARS KNOWN _____

NAME _____ TELEPHONE # _____
YEARS KNOWN _____

NAME _____ TELEPHONE # _____
YEARS KNOWN _____

ACKNOWLEDGMENT AND AUTHORIZATION:

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

SIGNATURE _____ DATE _____

DRUG AND ALCOHOL TESTING PROGRAM AT U.S. ORDNANCE

The Drug-Free Workplace Program and policy applies to all U.S. Ordnance Employees, testing will be conducted under the following specific circumstances.

PRE-EMPLOYMENT TESTS

U.S. Ordnance will conduct pre-employment tests. Pre-employment tests clearly decrease the chance of hiring a current substance abuser and they also have a strong "sentinel effect" in that such tests may discourage current users from seeking employment at U.S. Ordnance.

RANDOM DRUG TESTING

U.S. Ordnance will randomly test all employees at any time. Random tests provide a deterrent to substance use and abuse because individuals have no way of knowing when testing will be conducted or whether they will be selected for testing.

REASONABLE SUSPICION TESTS

U.S. Ordnance will test on the basis of a reasonable suspicion that an employee is abusing substances. Typically we rely on such evidence as direct observation of use or possession, physical symptoms of being under the influence, patterns of abnormal or erratic behavior, or arrest or convictions for drug-related offenses.

POST ACCIDENT TESTS

U.S. Ordnance will test following a serious accident or incident on the job to establish reasonableness of the suspicion that the employee's substance use or abuse caused or contributed to the accident. Employees involved in accidents may be asked to take a drug test directly after an incident to determine if alcohol or drug use was a factor. Even if the incident does not appear to be drug related these tests may be necessary for legal or insurance purposes.

Employees returning to work following treatment for substance abuse are often subject to a return to work agreement that calls for follow-up testing at specified or random intervals to ensure that the employee is continuing to refrain from substance abuse.