



Pyrotechnique by Grucci, Inc.
 c/o Radford Army Ammunition Plant
 An Equal Opportunity Employer-Minorities/Females/Disabled/Vets

PBG 94
 Rev. 12
 06/29/2016
 S.O.P. PBG0073

Application for Employment

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely

Name:	Social Security #: (Last 5 numbers only) XXX-X -				
Area Code/Telephone #:	Are you at least 18 years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Home Address:	Are you a U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No				
City, State, Zip:	If not a citizen, are you a lawfully immigrated resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Shifts you are available to work: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	Check job status you prefer: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
Position Desired:	Salary Expected:				
Are you able to provide your own transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for Pyrotechnique by Grucci: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, dates:				
Have you ever served in the U.S. Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No	From (Date):	To (Date):			
Branch of Service:	Rank at Discharge:				
List all military training received:					
EDUCATION	Name and location of Institution	City	State	Graduate	Major
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

10 Year Work History

(Beginning with most current; account for all periods of unemployment. If necessary, attach a separate sheet of paper.)

Company Name and Address:	
Telephone #:	Employed (month & year) From: _____ To: _____
Name of Supervisor:	Weekly Pay Start: _____ End: _____
Title & Job Description:	
Reason for leaving:	
Company Name and Address:	
Telephone #:	Employed (month & year) From: _____ To: _____
Name of Supervisor:	Weekly Pay Start: _____ End: _____
Title & Job Description:	
Reason for leaving:	

Work History (Cont.)

Company Name and Address:		
Telephone #:	Employed (month & year) From:	To:
Name of Supervisor:	Weekly Pay Start:	End:
Title & Job Description:		
Reason for leaving:		
Company Name and Address:		
Telephone #:	Employed (month & year) From:	To:
Name of Supervisor:	Weekly Pay Start:	End:
Title & Job Description:		
Reason for leaving:		
Company Name and Address:		
Telephone #:	Employed (month & year) From:	To:
Name of Supervisor:	Weekly Pay Start:	End:
Title & Job Description:		
Reason for leaving:		

References

(Must be completed)

Name & Address	Phone	Place of employment & Position

Have you ever been convicted or pleaded guilty to a commission of a felony? Yes No

Certification-Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Pyrotechnique by Grucci, Inc. I understand that all the information on this application is subject to verification and I consent to a criminal history background check. I also consent to references, former employers and educational institutions listed being contacted regarding this application. I further authorize Pyrotechnique by Grucci, Inc. to rely upon its use as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Applicant Signature: _____ Date: _____

Pyrotechnique by Grucci, Inc.
EQUAL EMPLOYMENT OPPORTUNITY (EEO)
SELF-IDENTIFICATION FORM

All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected veteran status, age, or any other characteristic protected by law.

Pyrotechnique by Grucci is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Pyrotechnique by Grucci invites employees/potential employees to voluntarily self-identify their race or ethnicity. 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 and specific individual.

This form will be kept in a confidential file separate from your application for employment.

Name (Last, First, MI): _____

Street Address: _____

City, State, Zip Code: _____

Position Applied For: _____ Date Applied: _____

Gender Information (check one)

_____ Female _____ Male

Race/Ethnic Identification (check one)

_____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

_____ **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.

_____ **Decline self-identification**

Applicant's Signature

Date



Pyrotechnique by Grucci - Voluntary Veteran Self-Identification Form: Pre and Post Offer Solicitation

Printed Name: _____
Date: _____

Pyrotechnique by Grucci, Inc. is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (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:

- 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.
- 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.
- 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.
- 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Your Form DD-214 may help you make this determination. 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. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with VEVRAA.

- I identify as one or more of the classifications of protected veterans listed above
- I am not a protected veteran
- I decline to disclose my protected veteran status

If you are disabled veteran, please let us know if there any reasonable accommodations we could make that would enable you to be considered for a job opening or perform the essential functions of the position you hold. We consider requests for accommodation on a case-by-case basis.

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

For recordkeeping purposes only:

Job Title: _____ Date of Hire: _____