



APPLICATION FOR EMPLOYMENT

Type or Print to Complete ~ Note Application must be signed

Equal Opportunity Employer

Northcon is an equal employment opportunity employer dedicated to compliance with all federal, state and local laws regarding nondiscrimination in employment and hiring practices. The company considers applicants for all positions without regard to race, color, ancestry, national origin, ethnicity, religion, sex/gender, gender identity, sexual orientation, age, pregnancy status, parental status, marital status, disability, veteran's status, or other protected categories. [Equal Employment Opportunity Know Your Rights](#) & [Pay Transparency](#). No question on this application is intended to secure information to be used for unlawful purposes. Applicants requiring reasonable accommodation in the application and/or interview process should notify a company representative. We retain candidate applications for 4 years.

PERSONAL INFORMATION

Full Legal Name (Last, First, Middle):	Home Phone (Include Area Code):
Current Street Address:	Cell/Message Phone (Include Area Code):
City, State & Zip Code	Email Address:
	Social Security Number: To be provided at time of hire.
Are you at least 18 years of age?	Yes _____ No _____
If an employment offer is extended and accepted, a drug screen test will be required upon hire and thereafter randomly. Will you agree to take a drug screen for employment and randomly during your employment?	Yes _____ No _____
Do you currently possess or have you ever possessed a security clearance?	Yes _____ No _____

DESIRED EMPLOYMENT

Position Applying for:	Desired Wage? \$	Date of Availability?
Are you willing to accept employment that requires you to travel?	Yes _____	No _____
Are you legally authorized to work in the United States?	Yes _____	No _____
Have you previously applied with Northcon?	Yes _____	No _____
Who referred you to Northcon, or how did you find us?	_____	

EDUCATION/TRAINING

Have you obtained a high school diploma, GED certificate or equivalent? Yes _____ No _____

Education	School Name & Location:	# of Years Completed	Graduate? Y/N	Diploma/ Degree:	Specialization(s):
College/University					
Other Schooling:					
Trade School/Apprentice Program:					



Certifications/Trade Licenses, Languages & Skills (Check all that Apply):

<input type="checkbox"/> USACE CQC/QCM	<input type="checkbox"/> LSP/CSM/CFSA	<input type="checkbox"/> EM 385	<input type="checkbox"/> Prolog	<input type="checkbox"/> MS Project
<input type="checkbox"/> NAVFAC CQC/QCM	<input type="checkbox"/> OSHA 10	<input type="checkbox"/> HAZWOPER	<input type="checkbox"/> Timberline	<input type="checkbox"/> MS Office
<input type="checkbox"/> PMP	<input type="checkbox"/> OSHA 30	<input type="checkbox"/> Asbestos Removal	<input type="checkbox"/> Payroll Specialist	<input type="checkbox"/> CPR & First Aid
<input type="checkbox"/> PE or EIT	<input type="checkbox"/> OSHA 500 Series	<input type="checkbox"/> Primavera	<input type="checkbox"/> GC License & State: _____	

FEDERAL CONTRACT WORK, *if applicable.*

Have you worked on Federal or State Gov't projects? Yes No *If YES, check all types that apply:*

<input type="checkbox"/> JOC/SABER	<input type="checkbox"/> FFP	<input type="checkbox"/> USAF/ARMY	<input type="checkbox"/> Civil/Infrastructure	<input type="checkbox"/> T.I.
<input type="checkbox"/> IDIQ	<input type="checkbox"/> COST REIMB	<input type="checkbox"/> NAVFAC	<input type="checkbox"/> Environmental	<input type="checkbox"/> SECURE BLDGS
<input type="checkbox"/> MATOC/MACC	<input type="checkbox"/> UNIVERSITY	<input type="checkbox"/> USACE	<input type="checkbox"/> MEP	<input type="checkbox"/> AIR SIDE
<input type="checkbox"/> SATOC	<input type="checkbox"/> STATE PROJECTS	<input type="checkbox"/> VA	Other (list): _____	

EMPLOYMENT HISTORY *Begin with most recent employment and ensure to account for all periods of time.*

Employer Name:		Employer Address & Phone Number:	
Dates Employed (Mo/Yr): From: _____ To: _____		Your Title/Position:	
Supervisor Name:		Supervisor Title:	Supervisor Phone Number:
Job Duties:			
Reason for Leaving:			May we contact this employer? Yes or No?
Employer Name:		Employer Address & Phone Number:	
Dates Employed (Mo/Yr): From: _____ To: _____		Your Title/Position:	
Supervisor Name:		Supervisor Title:	Supervisor Phone Number:
Job Duties:			
Reason for Leaving:			May we contact this employer? Yes or No?
Employer Name:		Employer Address & Phone Number:	
Dates Employed (Mo/Yr): From: _____ To: _____		Your Title/Position:	
Supervisor Name:		Supervisor Title:	Supervisor Phone Number:
Job Duties:			
Reason for Leaving:			May we contact this employer? Yes or No?



REFERENCES

List at least three business references of persons not related to you.

Name & Occupation:	Contact Information (Phone/Address/Email):	Company:

CERTIFICATION

I certify that all entries on this application and attachments are true and complete and agree and understand that any falsification of information, regardless of time of discovery, may cause forfeiture on my part of employment at Northcon, Inc. I understand that all information on this application is subject to verification.

I authorize Northcon, Inc. and/or their representatives to conduct background checks; employment history, criminal history, military service, educational verification, driving record reviews and reference checks (including former employers and colleagues). I release and hold harmless and promise not to claim damages from any agency or my prior employers/colleagues for providing information.

I agree to submit to any drug or alcohol test required by Northcon, Inc. I understand that refusal to take such tests may become cause for denial of employment or my termination.

I agree to immediately notify the company if convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substance abuse or driving offense while my job application is pending or during any period of employment.

If I am employed, I understand that my employment is "at will" and without a fixed term, and that either the company or I may terminate employment at any time with or without cause. I also understand and agree that the company may change the terms and conditions of my employment, at any time. I acknowledge that this application does not constitute an agreement or contract for employment.

This constitutes my consent and authorization for the disclosure of any relevant and necessary information or records to Northcon, Inc. by any person, corporation, agency, school, government or association concerning my character, employment, or military service as maybe relevant and necessary for a determination of my suitability for employment with Northcon, Inc. I also release Northcon and its representatives, from any and all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

By entering your name below and submitting this application, you agree that you've read and fully understand the foregoing, and that you seek employment under these conditions.

Name (Print): _____ Today's Date: _____

Signature: _____ 

AUTHORIZATION AND RELEASE

For Pre-Employment Screening



Authorization for Employer to Release Information

To Human Resource Department:

1. I have applied for employment at Northcon, Inc. As part of the application process, I authorize Northcon, Inc. and/or their representatives to verify information contained in my application or resume and/or other documents required in connection with the application process.
2. A copy/fax of this authorization may be accepted as an original.
3. Your prompt reply to Northcon, Inc. is appreciated.

Name of Applicant: _____

Signature of Applicant:  _____

Street Address: _____

City, State & Zip Code: _____

Today's Date: _____



Voluntary Self-Identification Form Ethnicity/Race and Gender

Northcon, Inc. is an Equal Opportunity Employer dedicated to compliance with all federal, state and local laws regarding nondiscrimination and Affirmative Action in employment and hiring practices. The company considers applicants for all positions without regard to race, color, religion, age, gender, gender identity, sexual orientation, pregnancy status, parental status, national origin or ancestry, disability, marital status, veteran or military status, and other legally protected status.

The purpose of this EO Self-Identification Form is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. No question on this Form is intended to secure information to be used for unlawful purposes. Completion of this form is optional and voluntary. We appreciate your assistance.

Complete the form as follows:

Name: _____ **Date:** _____

Position Applied for: _____

Please check all that apply (See definitions):

EEOC Race/Ethnic Identification Categories	Gender
<input type="checkbox"/> Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.	<input type="checkbox"/> Male
<input type="checkbox"/> White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	<input type="checkbox"/> Female
<input type="checkbox"/> Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> Non-Binary
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	<input type="checkbox"/> Choose not to Gender Identify
<input type="checkbox"/> 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.	
<input type="checkbox"/> American Indian or Alaskan 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.	
<input type="checkbox"/> Two or More All persons who identify with more than one of the above five races.	
<input type="checkbox"/> I do not wish to self-identify Race/Ethnic Category.	



Veteran Readjustment Act & Veteran Self-ID

Northcon, Inc. is a federal construction contractor and is 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 federal construction contractors to take affirmative action to employ and advance in employment of: 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) "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) "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) "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) "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.

As a federal construction contractor subject to VEVRAA, Northcon, Inc. is required to submit a report to the U.S. Department of Labor each year identifying the number of our employees belonging to each specified, "Protected Veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are *not* a veteran, select box 1 OR select the box(s) that apply to your Veteran status.

Self-Identification Section

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans: *(Choose all that apply)*

Disabled Veteran

Recently Separated Veteran Military Discharge Date (MM/DD/YYYY) _____

Active Wartime or Campaign Badge Veteran

Armed Forces Service Medal Veteran

Vietnam Era Veteran

Gulf War Veteran

I am NOT a protected Veteran. (I served in the military but do not fall into any categories listed above.)

I choose not to identify my veteran status.

Name (Print): _____ Position Title: _____

Signature:  _____ Today's Date: _____

Note: See Reasonable Accommodation Notice on the next page of this document.

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

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 not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

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.



Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 04/30/2026

Name:	Today's Date:
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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.

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.

<u>For Employer Use Only</u>	
<i>Employers may modify this section of the form as needed for recordkeeping purposes.</i>	
<i>For example:</i>	
Job Title: _____	Date of Hire: _____