



# ANALYTICAL SERVICES & MATERIALS, INC.

107 Research Drive, Hampton, VA 23666 Phone (757) 865-7093 Fax (757) 865-7309  
www.asm-usa.com

## EMPLOYMENT APPLICATION

### IF COMPLETING THIS FORM ONSCREEN:

Complete the form, save it, and send it as an attachment to [asmjobs@asm-usa.com](mailto:asmjobs@asm-usa.com)

We are pleased to consider all qualified applicants without regard to race, color, gender, religion, national origin, age, sexual orientation, gender identity, marital or veteran status, physical or mental disability. Applicants who may require assistance are invited to advise us of their needs regarding filling out this application. AS&M is an Affirmative Action/Equal Opportunity Employer. We have federal contracts and are subject to Section 503 of the Rehabilitation Act of 1973 and the provisions of the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) of 1974, as amended, which requires federal contractors to take affirmative action in all personnel practices regarding protected veterans. The statute covers disabled veterans, Armed Forces service medal veterans, recently separated veterans, and other veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized. The Vietnam Era dates are from August 5, 1964 through May 7, 1975.

(Please print OR fill onscreen)

Position(s) Applied For		Date of Application		
How did you learn about us?				
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other:				
Last Name		First Name		Middle Name
Address: Number	Street/Apt.#	City	State	Zip
Telephone number(s)			Email:	

- Have you ever filed an application with us before?       YES    NO   If YES, give date:
- Have you ever been employed with us before?       YES    NO   If YES, give date:
- Are you currently employed?       YES    NO
- May we contact your present employer?       YES    NO
- Are you a U.S. citizen?       YES    NO
- If you are not a U.S. citizen, do you have the necessary resident alien work permit?    YES    NO    N/A
- On what date would you be available for work?
- Are you available to work?       Full-time    Part-time    Temporary
- Can you travel if a job requires it?       YES    NO
- Do you have an active security clearance?       YES    NO   If YES, give level:
- What is the highest degree you have obtained
- How many years of relevant experience do you have?

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. *You may exclude organizations which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*

1.	Employer and Address	Dates Employed From                      To		Work or duties performed
	Telephone Number(s)	Starting salary	Final salary	
	Job Title			
	Reason for Leaving			
	May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2.	Employer and Address	Dates Employed From                      To		Work or duties performed
	Telephone Number(s)	Starting salary	Final salary	
	Job Title			
	Reason for Leaving			
	May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	Employer and Address	Dates Employed From                      To		Work or duties performed
	Telephone Number(s)	Starting salary	Final salary	
	Job Title			
	Reason for Leaving			
	May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4.	Employer and Address	Dates Employed From                      To		Work or duties performed
	Telephone Number(s)	Starting salary	Final salary	
	Job Title			
	Reason for Leaving			
	May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## Education

	Technical	High School	Undergraduate College/University	Graduate/Professional
School Name & Location				
Year of Completion				
Describe Course of Study				
Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at AS&M?				
Describe any honors and/or awards received.				
State any additional information you feel may be helpful to us in considering your application.				

## Special Skills and Qualifications

Have you obtained any special skills or abilities as a result of service in the military?

Do you have any other experience, training, or skills which you feel make you especially suited for work at AS&M?

## Additional Information

Are you currently on "lay-off" status and subject to recall?

YES  NO

## References

List below three persons not related to you who have knowledge of your work performance within the last three years. Include addresses and telephone numbers.

- 1.
- 2.
- 3.

## **Applicant's Statement**

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\_\_\_\_\_  
initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
initials

I hereby authorized the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
initials

I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Notes:

# APPLICANT FLOW DATA

## PLEASE PRINT OR TYPE ALL INFORMATION

Analytical Services & Materials, Inc. is subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, AS&M invites 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 which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Applicants are considered based on abilities, skills, and knowledge and without regard to race, color, gender, religion, national origin, age, marital or veteran status, physical or mental disability.

If you choose to not complete the gender and race information, please check the box below and initial.

I choose not to volunteer this information. Initial:

Date	Name (please print or type)

**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 America.

**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.

Check one	Gender
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Check one	Race
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	White (Not Hispanic or Latino)
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino)
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
<input type="checkbox"/>	Asian (Not Hispanic or Latino)
<input type="checkbox"/>	American Indian or Alaska Native (Not Hispanic or Latino)
<input type="checkbox"/>	Two or more Races (Not Hispanic or Latino)

HR Use Only	
EEO Category Code	
<input type="checkbox"/>	1.1 Executive/Senior Level Officials and Managers
<input type="checkbox"/>	1.2 First/Mid-Level Officials and Managers
<input type="checkbox"/>	2 Professionals
<input type="checkbox"/>	3 Technicians
<input type="checkbox"/>	4 Sales Workers
<input type="checkbox"/>	5 Administrative Support Workers
<input type="checkbox"/>	6 Craft Workers
<input type="checkbox"/>	7 Operatives
<input type="checkbox"/>	8 Laborers and Helpers
<input type="checkbox"/>	9 Service Workers

## INVITATION TO SELF-IDENTIFY AS A PROTECTED VETERAN

Are you a Protected Veteran?                      Yes                      No

Definitions of a Protected Veteran:

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 U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

## Voluntary Self-Identification of Disability

Form CC-305  
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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](http://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.

Are you able to perform the essential functions of the job for which you are applying, either  YES  NO with or without reasonable accommodation?

If accommodation is needed, please identify:

**(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)**