



**INCIDENT CATERING**

Address:  
1429 Avenue D  
#166  
Snohomish, WA 98290

Physical Location:  
14532 169th Dr. SE  
Suite 114  
Monroe, WA 98272

Phone: (360) 863-2182  
Fax: (360) 217-7183  
E-Mail: hr@incidentcatering.com

**NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION**

**INFORMATION**

LAST NAME:		FIRST NAME:		MIDDLE IN:
PRESENT ADDRESS:		CITY:	STATE:	ZIP:
HOME PHONE:		CELL:	E-MAIL:	
POSITION APPLIED FOR?				
WAGE/SALARY DESIRED?			DATE AVAILABLE FOR WORK?	
AVAILABLE: <input type="checkbox"/> Days <input type="checkbox"/> Evenings			APPLYING FOR: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	
Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of right to work in the U.S. will be required if hired.)				
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, employment is subject to minimum legal age requirements.)				
Have you been convicted of a felony or released from prison for an offence within the past 7 years? (A conviction may not necessarily disqualify you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the date and nature of the offense: _____				
Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever previously applied to or been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
How did you learn about this position opening?				
Were you known by any other name at any job or school listed on this application? What name(s)?				
At which school(s)/employer(s) were you known by this other name?				

**EDUCATION**

	Name and Location of School	Years Completed	Did you graduate?	Degrees Received
High School				
College				
Trade, Business, or Graduate school				

**SKILLS**

Typing \_\_\_ wpm  Ten-key  Reception: # incoming lines \_\_\_\_\_  Supervision: years of experience \_\_\_\_\_

Proficient at :  Excel  Word  Access  PowerPoint  Outlook  Other \_\_\_\_\_

Indicate other skills related to the position you are seeking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please list four persons, **other than relatives**, who we may contact about your **professional** work experience.

Name	Years Known	Relationship	Telephone Number

**EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)**

Please list your employment history below beginning with the most recent employer, include U.S. military service.

If currently employed, may we contact your employer?  Yes  No

Employer \_\_\_\_\_ City/State \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize the Company to which I am providing this application (Incident Catering Services) to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including the Company) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release Incident Catering Services from any liability for future references it may provide regarding my work history with the Company.

Due to the large number of applications that Incident Catering Services receives, I understand the Company cannot guarantee that my application will be considered for any or all open positions they may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that my employment may be terminated, at any time, with or without notice, by either party.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Invitation to Self-Identify - Applicant

We are a government contractor subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to self-identify in various categories below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is 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.

**PLEASE CHECK ALL APPLICABLE BOXES BELOW.** (The categories and definitions listed follow EEOC guidelines.)

**GENDER:** I belong to the following classification:

- Female                       Male                       Decline to Answer

**RACE/ETHNICITY:** I belong to the following classification:

- |   |  |
|---|--|
| <input type="checkbox"/> <u>Hispanic or Latino</u> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)  | <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander ~ not Hispanic or Latino</u> (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)   |
| <input type="checkbox"/> <u>Black or African American ~ not Hispanic or Latino</u> (A person having origins in any of the black racial groups of Africa.)   | <input type="checkbox"/> <u>American Indian or Alaskan Native ~ not Hispanic or Latino</u> (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"/> <u>White ~ not Hispanic or Latino</u> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)  | <input type="checkbox"/> <u>Two or More Races ~ not Hispanic or Latino</u> (All persons who identify with more than one of the above five races.)  |
| <input type="checkbox"/> <u>Asian ~ not Hispanic or Latino</u> (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"/> Decline to Answer   |

**PROTECTED VETERAN:** I belong to the following classification:

- I identify as one or more of the classifications of Protected Veterans as defined below:

**Protected Veteran** includes disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed forces service medal veterans defines as follows:

- A **disabled veteran** is one of the following:
  - 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.
- 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.

I am not a protected veteran.

I decline to answer.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**How did you hear about this position:** \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, 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).

**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.