



APPLICATION FOR EMPLOYMENT

Excellence through experience™

Please read before completing the Application for Employment. It is the policy of METCO to employ applicants possessing the best qualifications fitting the requirements of a position. We consider all applicants without regard to age, race, color, creed, religion, handicap, disability, marital status, sexual orientation, national origin, ancestry, arrest record, status of veteran, special disabled veteran of the Vietnam era, membership in the National Guard, state defense force or any other reserve component of the military forces of the United States or its individual states or any other protected status as required by law.

PERSONAL

Name: _____
Last First Middle

Email Address: _____

Current Address: _____ From _____ To _____
Street City State Zip Code

Previous Address _____ From _____ To _____
Street City State Zip Code

Daytime Phone: _____ Evening Phone: _____

Have you ever applied for a position with us before? Yes No If yes, what position? _____

Have you ever worked for this company? Yes No If yes, when? _____

Dates of Employment: From: _____ To: _____ Reason for leaving _____

How did you learn about us? Newspaper Advertisement Current Employee (Name _____)
 Relative Government Employment Agency Online Job Posting Private Employment Agency
 Walk-In Other (Specify _____)

Travel is required including overnight stays throughout the week (home on weekends) for field positions.

Can you commit to that? Yes No

EMPLOYMENT INTERESTS

Position You Are Applying For: _____ Date You Can Start: _____

Total Number of Hours Desired Per Week: _____ Expected Wage: _____

Type of Employment Desired: Full Time Part Time Temporary (Dates) From: _____ To: _____

Please indicate in the box below days and times you are available to work (indicate a.m. and/or p.m.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

EDUCATION

	High School	College / University	Technical / Vocational / Other
Last Year Completed	__9__10__11__12	__1__2__3__4	__1__2__3__4
Name/Address of School			
Course of Study			
GED / Diploma/ Degree			

GENERAL INFORMATION

Are you 18 years of age or older? Yes No

Do you have a valid driver's license? Yes No

Driver's License #: _____ CDL? Yes No

We are subject to certain government record-keeping and reporting requirements. Anyone wishing to drive a motor vehicle for our company must complete the following questions according to the Federal Motor Carrier Safety Administration (FMCSA).

First Name: _____ Last Name: _____ Date of Birth (Required for Commercial Driver's): _____

Note: The lack of a driver's license does not disqualify applicants applying for jobs where driving is not an essential function of the job. For applicants applying for positions where driving is an essential function of the job, this information will be used to ensure that you have both a valid driver's license and that you are insurable to drive our company vehicles.

If employment is offered, can you submit verification of your legal right to work in the United States?

Yes No

Have you been convicted of any crime, including misdemeanor and/or felony, in the past seven years?

Yes No

If yes, for what offence(s) have you been convicted? When (Date) and where (City & State)?

NOTE: The existence of a conviction record(s) does not constitute an automatic bar for employment. Your conviction record(s) will be considered only as it may substantially relate to the job for which you are applying.

AUTHORIZATIONS: Applicant, please read, provide the information requested and sign.

Drug Testing

I understand if required by Company policy, that prospective employees must submit to a controlled substance test upon conditional offer of employment. A urine specimen will be collected at a collection site selected by the company and tested for controlled substances at a DHHS/SAMSHA-certified laboratory. I understand that if I decline to sign this consent and thereby decline to take the test, the conditional offer of employment will be withdrawn.

If required, I hereby agree to voluntarily submit to a controlled substance test and further understand that if said test is verified as positive, that I will be considered unqualified for employment by the company.

Applicant's Signature: _____

Parent's Signature (if applicant is a minor): _____

Employment Verification and Conditions

I certify that all of the information provided on this application is true to the best of my knowledge. I understand that the company may look to verify the information I have provided in this application for employment and that the company may conduct an investigation concerning my background to the company.

I understand that employment with the company is "at will," which means that either the Company or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the company, other than the president, has any authority to alter the foregoing.

I understand that this application is kept on file for one year. I have read, understood and have agreed to all of the statements above.

Signature as Shown on Social Security Card

Date of Application

Print Name as Shown on Social Security Card

METCO is an Equal Employment Opportunity / Affirmative Action Employer

Veteran Status Voluntary Self-Identification

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified protected veterans. To help us measure how well we are doing, we are asking you to tell us if you are a protected veteran (see definitions below). Completing this form is voluntary, but we hope that you will choose to fill it out. This information will be kept in a confidential database separate from employment records. Your answers will not be used against you in any way.

Your Name: _____

Date: _____

Are you a Protected Veteran? (See definitions below)

Yes No I do not wish to disclose

Veteran Status Descriptions

Disabled Veteran. A veteran who is entitled to compensation (or would be if the person were not receiving military retired pay) for a service-connected disability under laws administered by the U.S. Department of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran of War, Campaign or Expedition. Veteran who served on active duty in the U.S. Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized. A list of these wars, campaigns and expeditions can be found at <http://www.opm.gov/veterans/html/vgmedal2.asp>

Armed Forces Service Medal Veteran / Noncombat Veteran who Earned Armed Forces Service Medal. Veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985. This service medal is a noncombat metal that covers significant U.S. military operations that don't encounter foreign armed opposition or imminent hostile action. An explanation and list of operations that qualify for the Armed Forces Service Medal can be found at <http://foxfall.com/csm-commonafsm.htm>.

Recently Separated Veteran. Any veteran during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Applicant Invitation to Self-Identify

This information is requested on a voluntary basis. In order to help us comply with Federal Equal Opportunity record keeping and legal requirements, we encourage you to answer the questions below. This pre-employment information will be kept in a confidential database separate from employment applications/resumes. Refusal to provide this information will **not** disqualify your application. Please note that METCO Fuel Systems adheres to and believes in equal employment opportunity for all applicants and employees without regard to race, color, religion, national origin, gender, age, disability, veteran status, genetics, gender identity or expression, or any other status protected by law.

Part A

Name: _____ Date: _____

Position Applied For: _____ Location: _____

How did you learn about this position? _____

Part B

1. What is your gender? Male Female

2. Are you Hispanic or Latino?

Yes. Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If you check this box, skip question 3.

No. Continue to the next question.

3. What is your race? *(check one)*

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian: 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 Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition.

Two or More Races: All persons who identify with more than one of the above five races.

I refuse to provide information about my race and gender. *(Check this box only if you did not complete part B. You must fill in part A.)*

Voluntary Self-Identification of Disability

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OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question 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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: