

Save this document to your computer, complete, save, and email your completed application to hring@native-energy.com or print and fax to (210) 231-6098)

Last Name		First Name		Middle Name	Home Telephone	Work Telephone
Street Address			City	State	Zip Code	Email Address:
Any Other Name by Which Known		Can you, upon hire, provide proof of your legal right to work in the United States? [] Yes [] No			Are you over the age of 18? [] Yes [] No	
Position(s) Preferred	Location(s) Preferred	Date Available for Work	Expected Salary:			
Type of Employment Desired: [] Regular [] Full Time [] Temporary [] Part Time		Have you ever been previously employed by Native Energy? [] Yes [] No From: _____ To: _____		Do you have any relatives who work for NATIVE? [] Yes [] No If so, who? _____		
Name and Location of School	GRADUATE		Degree	Date	Course of Study/Major	Grade Point Average
	Yes	No	Earned	Granted		
High School or G.E.D.						
College						
Advanced Degree						
Other Training						
Additional Education, Training, Professional Activities or Accomplishments, Skills, or Certificates:						
List academic achievements, thesis project, patents, publications or activities you consider significant. (Attach separate sheet if necessary.)						
How were you referred to Native Energy? [] Job Fair _____ [] Referral by Employee(s) (If so, who?) _____ [] School _____				[] Newspaper/Journal _____ [] Contract Labor Agency _____ [] State Employment Agency _____ [] Other _____		
Please give us the NAMES, and BUSINESS TELEPHONE NUMBERS of people who are familiar with your WORK EXPERIENCE and TECHNICAL COMPETENCE in the job for which you are applying, preferably technical associates with whom you have worked and give NATIVE permission to contact. (DO NOT LIST PERSONAL REFERENCES.)						
Name	Business/Professional Relationship	Company		Title	Business Telephone	
Name	Business/Professional Relationship	Company		Title	Business Telephone	
Name	Business/Professional Relationship	Company		Title	Business Telephone	

After completing this document, be sure to sign all signature blocks on pages 2, 3, and 5 before submitting.

AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED - EVEN IF YOU ATTACH YOUR RESUME

Most Recent Employer	May We Contact [] Yes [] No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From: To:
Street Address	City	State	Zip Code	Your Position
Reason for Leaving (Attach separate sheet if needed)				
Describe Major Work Duties (Attach separate street if needed)				
Second Most Recent Employer	May We Contact [] Yes [] No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From: To:
Street Address	City	State	Zip Code	Your Position
Reason for Leaving (Attach separate sheet if needed)				
Describe Major Work Duties (Attach separate street if needed)				
Third Most Recent Employer	May We Contact [] Yes [] No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From: To:
Street Address	City	State	Zip Code	Your Position
Reason for Leaving (Attach separate sheet if needed)				
Describe Major Work Duties (Attach separate street if needed)				
Fourth Most Recent Employer	May We Contact [] Yes [] No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From: To:
Street Address	City	State	Zip Code	Your Position
Reason for Leaving (Attach separate sheet if needed)				
Describe Major Work Duties (Attach separate street if needed)				

I certify that all the information provided on this form is true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification or omission may be considered justification for refusal of employment or subsequent termination. I hereby authorize Native. to run a criminal background check. I understand that employment by NATIVE is conditional upon completion of an Employment Agreement. I further understand that my employment is at the discretion of NATIVE and it has no specified term. It can be terminated at will, with or without notice, at any time, for any or no reason, at the option of either me or NATIVE.

Please read the above statement and sign here: _____ Date of Application _____

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(Please read the following statements, sign below and return to the Human Resources office.)

I, _____, hereby authorize any investigator or duly accredited representative of Native bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, salary, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Native and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

(Applicant's signature)

(Date)

Native Energy & Technology, Inc. is an Equal Opportunity Employer. As required by law, various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which an individual applies. The responses provided will be used only for necessary information for compliance with certain record keeping requirements, and to include in the Company's Affirmative Action Program.

Native Energy & Technology, Inc. believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, gender identity, marital status or any other protected group. We are a company that values diversity and actively encourage women and minorities to apply.

Please complete the information requested below. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Thank you for your cooperation.

Position(s) Applied For: _____

Referral Source: _____

Gender:

- Male**
- Female**
- I do not wish to self identify**

Race and Ethnic Data (Please check all that apply):

- Hispanic or Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, Spanish culture or origin, regardless of race.
- White (Non-Hispanic):** Persons having origins of the original peoples of Europe, North Africa, or Middle East.
- Asian (Non-Hispanic):** Persons having origins in any of the original people of the Far East, Southeast Asia, Pacific Islands or the Indian subcontinent (China, Japan, Korea, Philippines, Samoa, India or Pakistan.)
- Black or African American (Non-Hispanic or Latino):** Persons having origins in any of the black ethnic groups of Africa.
- American Indian or Alaskan Native (Non-Hispanic or Latino):** Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.
- Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guan, Samoa, or other Pacific Islands.
- Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- I do not wish to self identify**

NATIVE is an Equal Opportunity Employer

Disabled Veterans, Recently Separated Veteran, Armed Forces Service Medal Veterans and other protected Veterans:

As a government contractor, Native Energy & Technology, Inc. is subject to the Rehabilitation Act of 1973 (Section 503), and Section 402 of the Vietnam Era Veteran's Readjustment Act of 1974 (VEVRAA) as amended by the 2002 Jobs for Veterans Act, which require government contractors to take affirmative action to employ and advance in employment qualified persons with disabilities, and other qualified eligible veterans covered by VEVRAA as defined below.

The information you provide will be kept confidential as far as practicable and in accordance with the law, and will be used to assist in providing reasonable accommodation and for statistical reporting as required by government agencies. The information shall not be used in a manner inconsistent with VEVRAA or Section 503. The Disabled and Veteran's Affirmative Action Program is available to all employees for review during regular business hours.

Veteran Status (Please check all that apply):

Disabled Veteran: A "disabled veteran" is defined as (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.

Recently Separated Veteran: A "recently separated veteran" is defined as 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.

Active Wartime Or Campaign Badge Veteran: 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.

Armed Forces Service Medal Veteran: An "Armed Forces Service Medal veteran" is defined as any 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 a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

Discharge Date: _____

Signature: _____

Date: _____

Print Name: _____

Voluntary Self-Identification of Disability

Form CC-305
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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.