



APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Policy: We are committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state and local laws.

**** All fields must be completed directly on the application. Please do not complete the application by writing "See Resume" or "Resume Attached."**

PERSONAL DATA

Name in Full			
Mailing Address			
City, State, and Zip			
Email Address			
Home Phone		Cell Phone	

	Yes	No
Is there any information we need about your name, or use of another name, for us to be able to check your work record? If yes, please specify:	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Have you ever been discharged from any employment or asked to resign? If yes, please give the date(s) and details:	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Have you ever been granted a security clearance? If yes, state type, issuing agency, and approximate date:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been denied a security clearance?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
If hired, can you furnish proof that you are over 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Can you legally be employed in the United States?	<input type="checkbox"/>	<input type="checkbox"/>

WORK INTEREST INFORMATION

Specific Position Applied For	
Expected Annual Salary	
Any geographic limitations?	
How were you referred to Alliance Spacesystems?	
Have you ever worked for this company before? If yes, please give dates and position.	

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer: Address: _____ City, State, Zip Code: _____ Telephone: _____ May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Employed</u> From _____ (mo/yr) To (mo/yr) _____	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u> _____	<u>Brief Description of Duties</u> <u>Exact Reason for Leaving</u>
Present or Last Employer: Address: _____ City, State, Zip Code: _____ Telephone: _____ May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Employed</u> From _____ (mo/yr) To (mo/yr) _____	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u> _____	<u>Brief Description of Duties</u> <u>Exact Reason for Leaving</u>
Present or Last Employer: Address: _____ City, State, Zip Code: _____ Telephone: _____ May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Employed</u> From _____ (mo/yr) To (mo/yr) _____	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u> _____	<u>Brief Description of Duties</u> <u>Exact Reason for Leaving</u>
Present or Last Employer: Address: _____ City, State, Zip Code: _____ Telephone: _____ May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Employed</u> From _____ (mo/yr) To (mo/yr) _____	<u>Pay</u> \$ _____ Start \$ _____ Final	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u> _____	<u>Brief Description of Duties</u> <u>Exact Reason for Leaving</u>

Please explain fully any gaps in your employment history.

May we contact your current employer? If No, please explain:	Yes	No

Please indicate any special skills that you have which you feel are relevant to the position for which you are applying.
Please list any professional societies, honors (excluding those indicating race, religion, color, age, sex, Veteran status, marital status, national origin, and disability), licenses and certifications:

Have you published professionally?	Yes	No
Any inventions or patent disclosures? If yes, please comment below:		

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Vocational or Trade:				
Other:				

PROFESSIONAL REFERENCES – Previous Supervisors and/or Colleagues. Please do not list current Alliance Employees.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

Please read carefully before you sign this application. Application must be completed in full even if attaching a resume.

I, the undersigned applicant for employment, acknowledge and agree to the following:

I understand that the accuracy and completeness of my statements will be relied upon by Alliance Spacesystems, LLC ("the company"), and that any misstatements, omissions or false statements made by me in connection with this employment application may be cause for termination of employment.

I understand that as part of the company's employment procedure, an inquiry may be made into the areas described in this application, or into any information provided by me in connection with this employment application.

The company may obtain the information described above through personal interviews and third parties, from former employers, business associates, employment references and others, and by obtaining transcripts, records, or other documents. The company also may request a consumer report or an investigative consumer report from a consumer reporting agency, and/or from other private or government agencies selected by the company. I understand that if the company obtains a consumer report, or an investigative consumer report, that I may be entitled to a copy of such report and additional disclosures. If an employment relationship is established with the company, I understand that I retain the right to terminate my employment at any time and that the company retains a similar right. I acknowledge that statements contained in the company's policies, practices, handbooks and other company material do not create any guarantee of employment. Any promises to the contrary will only be relied on by me if they are in writing and signed by an authorized company official.

I understand that the company has the right to modify, amend or terminate policies, practices, benefit plans and other company programs within the limits and requirements imposed by law.

I understand that as a condition of employment, I will be required to pass a drug screening test and a background check. Failure to pass any part of the drug screening or background check will void any offer or potential offer of employment.

I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizenship status. As a consequence, I understand that any offer of employment to me by the company is contingent upon my ability to produce the required documentation within the time period required by law.

A copy of this employment application will have the same authority as the original.

SIGNATURE

DATE

Self-Identification of Gender & EEO Status Form

We request cooperation from all of our applicants with identifying their gender and EEO status so that we may include you under our affirmative action program. Submission of this information is voluntary and will be kept confidential. We are an EOE. Thank you!

Applicant Information

Name: _

Title of Job

Applying For: _

Gender

Female

Male

I do not wish to disclose my gender status

EEO Status Definitions

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

Black or African-American (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the original people 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 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 maintains 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.

I do not wish to disclose my race/ethnic status

Voluntary Self-Identification of Veteran Status**Why are you being asked to complete this form?**

This employer is a Government contractor 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 Government contractors to take affirmative action to employ and advance in employment : (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

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. Completing this form is voluntary, but we hope that you will choose to fill it out. 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 VEVRAA of 1974 as amended.

What defines a "Veteran"?

These classifications are defined as follows:

- 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 United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work 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.

Please check all that apply:

I AM NOT A PROTECTED VETERAN

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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.¹ 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 11/31/2017
Page 2 of 2

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.

ⁱ 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.

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.