



Unitek Environmental Guam

P.O. Box 24607, Barrigada, Guam. Tel: 671-565-3151; Fax: 671-565-3391

Email: unitekci@ite.net Website: www.unitekguam.com

"We Are an Equal Opportunity and Affirmative Action Employer"

EMPLOYMENT APPLICATION FORM

Read instructions and questions carefully. Provide all of the requested information, and be sure to proofread your answers carefully.

PERSONAL INFORMATION		DATE OF APPLICATION _____	
LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NO.
HOME ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH	CONTACT NUMBER/S:	E-MAIL ADDRESS	
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? [] YES [] NO	CAN YOU TRAVEL IF THE JOB REQUIRES IT? [] YES [] NO IF NO, DESCRIBE THE CONDITION/SITUATION:	ARE YOU 18 YEARS OR OLDER? [] YES [] NO	
ARE THERE ANY REASONS THAT WOULD PREVENT YOU FROM OBTAINING A PASS TO A MILITARY INSTALLATION? [] YES [] NO IF YES, DESCRIBE THE SITUATION:			
ARE THERE ANY REASONS FOR WHICH YOU MIGHT NOT BE ABLE TO PERFORM THE DUTIES WITH REASONABLE ACCOMMODATION? [] YES [] NO IF YES, DESCRIBE THE SITUATION:			
DRIVER'S LICENSE NO.	STATE OF ISSUANCE:	ANY VIOLATION/S? [] YES [] NO	

EMPLOYMENT APPLICATION		
POSITION	IF HIRED, WHEN CAN YOU START?	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? [] YES [] NO	IF SO, MAY WE CONTACT FROM YOUR PRESENT OR PREVIOUS EMPLOYER? [] YES [] NO	IF YES, PROVIDE THE EMPLOYER'S CONTACT INFORMATION:
HOW DID YOU HEAR ABOUT UEG INC.?		HOW WERE YOU REFERRED TO UEG INC.?
HAVE YOU PREVIOUSLY WORKED FOR UEG INC.? [] YES [] NO	POSITION HELD	SUPERVISOR
DATE OF EMPLOYMENT WITH UEG INC. FROM: TO:	REASON FOR LEAVING	



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EDUCATION				
SCHOOL ATTENDED	NAME OF THE SCHOOL, UNIVERSITY, COLLEGE AND/OR INSTITUTION	DEGREE/COURSE	NO. OF YRS. ATTENDED	DID YOU GRADUATE?
COLLEGE				[] YES [] NO
HIGHSCHOOL				[] YES [] NO
OTHER				[] YES [] NO

MILITARY SERVICE			
HAVE YOU SERVED IN THE U.S. ARMED FORCES? [] YES [] NO		LIST YOUR DUTIES AND/OR ANY SPECIAL TRAINING:	
PERIOD OF ACTIVE DUTY FROM:	TO:	DATE OF DISCHARGE	BRANCH OF SERVICE
			FINAL RANK

EMPLOYMENT HISTORY <small>*By listing your previous and current employer and their contact details/information, you are agreeing that UEG Inc. DBA Unitek Environmental Guam may contact them.</small>				
DATES	EMPLOYER/COMPANY NAME	ADDRESS OF COMPANY & CONTACT NO.	POSITION HELD	SUPERVISOR NAME & CONTACT NO.
FR: TO:				
HOURLY RATE:	BRIEFLY DESCRIBE THE NATURE OF YOUR WORK AND ITS JOB RESPONSIBILITIES			
	REASON FOR LEAVING			
DATES	EMPLOYER/COMPANY NAME	ADDRESS OF COMPANY & CONTACT NO.	POSITION HELD	SUPERVISOR NAME & CONTACT NO.
FR: TO:				
HOURLY RATE:	BRIEFLY DESCRIBE THE NATURE OF YOUR WORK AND ITS JOB RESPONSIBILITIES			
	REASON FOR LEAVING			
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FR: TO:				
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	REASON FOR LEAVING			



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TRAINING, SEMINARS, AND/OR CERTIFICATIONS		
DATE	TYPE	WHERE

REFERENCES (LIST 3 PERSONS WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND DO NOT LIST RELATIVES)				
FULL NAME	ADDRESS	CONTACT INFORMATION	RELATION/BUSINESS	YEARS ACQUAINTED

***By listing your references name and contact details/information, you agree that UEG Inc. DBA Unitek Environmental Guam may contact them**

Applicant's Acknowledgement:

The information provided in this employment application is true, correct, and complete. If employed, any misstatements or omissions of fact in this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Suppose you decide to engage an investigative consumer reporting agency to report on my credit and personal history. I authorize you to do so.

If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature over printed name

Date

FOR UEG INC., DBA UNITEK ENVIRONMENTAL GUAM USES ONLY		
POSITION APPLIED FOR	INTERVIEWED BY	DATE OF INTERVIEW
RECRUITER'S REMARKS		
CANDIDATE'S INTERVIEW RESULT	IMMEDIATE SUPERVISOR ONCE HIRED	START DATE
ACKNOWLEDGEMENT:		
_____		_____
HIRING MANAGER'S SIGNATURE OVER PRINTED NAME		DATE



"We Are an Equal Opportunity and Affirmative Action Employer"

Voluntary Self – Identification Form: Gender and Ethnicity/Race

NAME: _____

DATE: _____

DATE OF APPLICATION: _____

JOB APPLIED FOR: _____

Why are you being asked to complete this form?

The information requested below is used by **UEG, Inc.** only to maintain records required of employer doing business with the federal government. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH UEG, Inc.** If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunity with **UEG, Inc.**, which is an equal employment opportunity employer.

I do not wish to disclose this information.

Please check boxes below:

Question 1: Gender

Male

Female

Question 2: Ethnicity

Are you Hispanic or Latino (that is, a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)?

Yes, I am Hispanic or Latino

No, I am not Hispanic or Latino

Question 3: Race

If you answered **NO** to **Question# 2** above, what is your race? (Select one or more.)

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Black or African American

White



"We Are an Equal Opportunity and Affirmative Action Employer"

Voluntary Self-Identification of Disability

Name: _____

Date: _____

Employee ID: _____

(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.

Job Title: _____

Date of Hire: _____



"We Are an Equal Opportunity and Affirmative Action Employer"

Voluntary Self-Identification of Veteran Status

Why are you being asked to complete this form?

1. 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. These classifications are defined as follows:
 - o 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
 - o 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](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. 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.

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

I AM NOT A PROTECTED VETERAN

I DON'T WISH TO ANSWER

3. 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 Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or 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.

Your Name

Today's Date