

TO ALL APPLICANTS:

Your position at LPI may require you to pass a background check.

Please review the following information prior to submitting an application.

While RAPIDGate conducts a data base check for felonies for an applicant, the Navy's Mid-Atlantic region (CNRMA) completes a separate check through the FBI's National Crime Information Center (NCIC) data base for:

- felony conviction within ten years
- misdemeanor conviction or on-base arrest within five years:
 - Crime of violence
 - Sexual assault
 - Larceny
 - Drugs
 - Habitual offender
- Sex offender registry = permanent denial
- Barment from one Navy installation = Barment from all

CNRMA will not allow an applicant to take possession of his or her RAPIDGate credential until clearance through the NCIC data base is achieved.

LPI TECHNICAL SERVICES

We offer equal employment opportunities to all persons without regard to race, religion, color, sex, age, national origin, disability or veteran status. LPI Technical Services is committed to establishing and maintaining a drug/alcohol-free workplace.

550 WOODLAKE CIRCLE, SUITE A
 CHESAPEAKE, VA 23320
 PHONE: (757) 222-1865

APPLICATION FOR EMPLOYMENT

PLEASE PRINT Date: _____

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City State ZIP

TELEPHONE NUMBER: _____

POSITION APPLIED FOR: _____ DATE AVAILABLE: _____

- Are you over 18 years of age? Yes No
 Have you filed an application here before? Yes No
 Have you been employed here before? Yes No
 Are you a citizen of the U.S.? Yes No
 Have you ever been convicted of a crime? Yes No
 Are you on lay-off subject to recall? Yes No
 Do you have any travel restrictions? Yes No
 Do you have a previous employment agreement that restricts your performance for employment with LPI in any way? Yes No
 If yes, please provide a copy of the agreement.
 Do you have any relatives employed here? Yes No
 If yes, give name and relationship: _____
 Referral Source: Newspaper Other _____

EDUCATION

	NAME AND LOCATION OF SCHOOL (INCLUDING CITY AND STATE)	COURSE OF STUDY	GRADUATE	DEGREE OR DIPLOMA
High School or GED				
College				
Technical School				

SPECIAL SKILLS (List any special skills, training or license you have acquired – for example: lead training, CPR training, supervision, etc.):

EMPLOYMENT HISTORY

Please list your job history for the past ten years or last three employers. Starting with your present or most recent employment and noting any periods in which you were not employed in the section marked "Additional Information." Please include **military service and PROVIDE A COPY OF YOUR DD214**; do not include internships. **NOTE: This application will not be accepted unless all blocks are completed.**

Company Name	Telephone Number
Address (Including City and State)	Employed From: _____ To: _____ (mm/yy) (mm/yy) Status: _____ FT _____ PT _____ As Needed
Name of Supervisor	Hourly Pay/Salary Starting: _____ Ending: _____
Job Title & Work Performed	Reason for Leaving

Company Name	Telephone Number
Address (Including City and State)	Employed From: _____ To: _____ (mm/yy) (mm/yy) Status: _____ FT _____ PT _____ As Needed
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Job Title & Work Performed	Reason for Leaving

ADDITIONAL INFORMATION: _____

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize checking of references and investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I recognize that this employment application does not constitute a contract and that the employment relationship is at-will and either party may terminate with or without cause or notice. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the company.

Signature of Applicant: _____ Date: _____

This Employer Participates in E-Verify




This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at (800) 375-5282 or (202) 255-2515.

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify

E-Verify™



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de identificación y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, ya durante el proceso de verificación de ciudadanía, favor ponerse en contacto con la Asesoría Especial llamando al 1-800-

o ha discriminado en contra de alguien debido a su lugar de origen.

255-7688 (TDD: 1-800-237-2515).

Employment Verification  Done.

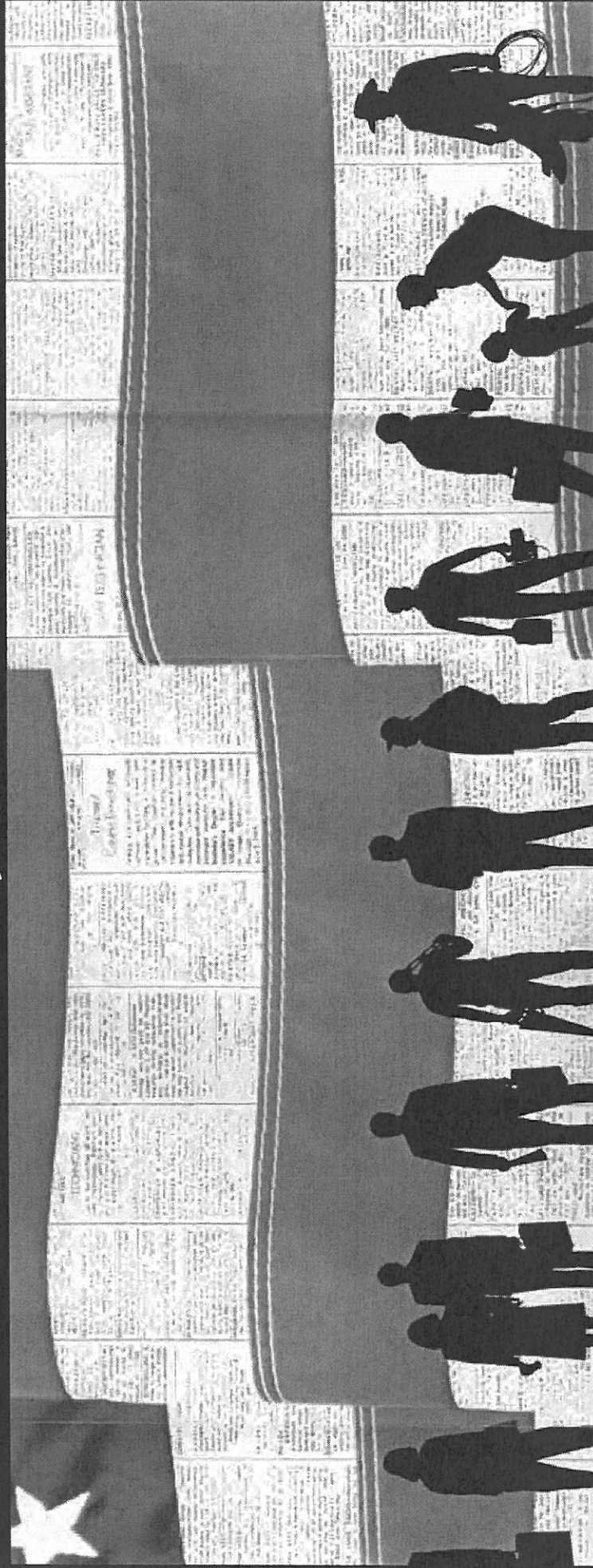
Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688, TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

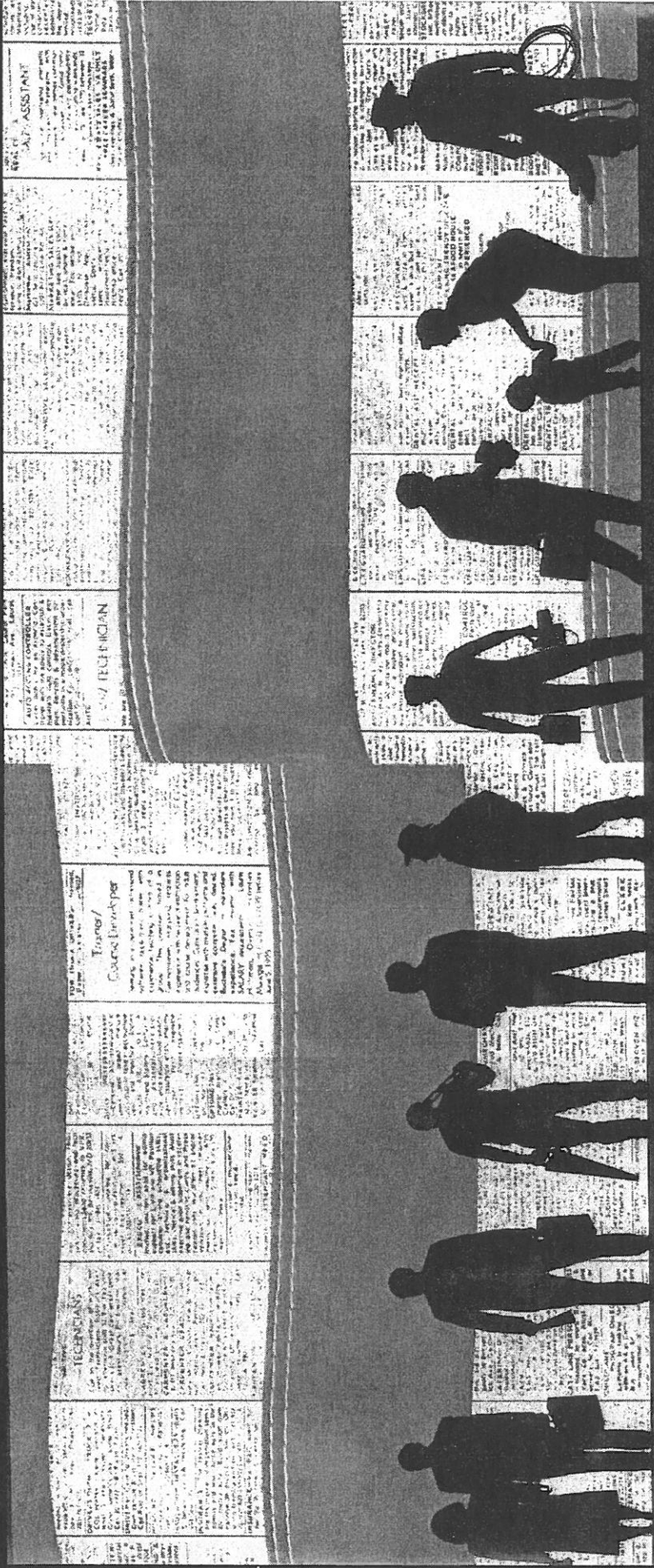
**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que -

Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con OSC para obtener ayuda en español.

Llame al 1-800-255-7688.

La línea telefónica para personas con problemas de audición, es

1-800-237-2515. En

Washington, D.C., llame al

202-616-5594, o al

202-616-5525 (personas

con problemas de audición), o

escriba a la Oficina del

Consejero Especial, División de

Derechos Civiles, P.O. Box 27728,

Washington, DC 20038-7728.

**Departamento de Justicia
De los Estados Unidos,
División de Derechos Civiles**

Oficina del Consejero Especial





**LPI Technical Services
550 Woodlake Circle, Suite A
Chesapeake, Virginia 23320**

APPLICANT SELF-IDENTIFICATION FORM

Completion of this data is voluntary. Choosing not to provide the below data will not affect your opportunity for employment or the terms or conditions of employment. This data is being requested for compliance with OFCCP regulations and LPI's Affirmative Action Plan. The data will be used for analyses, report purposes and any other applicable federal and/or state regulations. **It will be kept separate from your personnel record and only accessed by the LPI Human Resources Department.**

Name: _____ (Printed) **Date:** _____

Position Applied For: _____

How did you hear about his vacancy? _____

GENDER: Male Female

RACE/ETHNICITY

Please check ANY of the below that corresponds to the race/ethnic group with which you identify.

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

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

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

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guan, 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 Alaska 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 maintain 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 decline to self-identify my gender and/or race/ethnicity.

Thank you for your participation.



**LPI Technical Services
550 Woodlake Circle, Suite A
Chesapeake, Virginia 23320**

VETERAN APPLICANT SELF-IDENTIFICATION FORM (PRE-OFFER)

Completion of this data is voluntary.

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:

- 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.

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**.

VETERAN APPLICANT SELF-IDENTIFICATION FORM (PRE-OFFER)

Page 2

LPI TECHNICAL SERVICES COMPLIES WITH 41 CFR 60-300.42(a) BY MAKING THIS "PRE-OFFER" SELF-IDENTIFICATION REQUEST IN ORDER TO MEASURE THE EFFECTIVENESS OF THE OUTREACH AND POSITIVE RECRUITMENT EFFORTS WE UNDERTAKE. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

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

I AM NOT A PROTECTED VETERAN

Name: _____ **(Printed) Date:** _____

Position Applied For: _____

It will be kept separate from your personnel record and only accessed by the LPI Human Resources Department.

Thank you for your participation.

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 1/31/2017
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.