



**Federal Contract Work** (if applicable)

YES  NO Have you worked on Federal or State Government projects? If YES, check all types that apply.

- |                                  |                                  |                                    |   |                                 |
|----------------------------------|----------------------------------|------------------------------------|---|---------------------------------|
| <input type="checkbox"/> JOC/TOC | <input type="checkbox"/> SATOC   | <input type="checkbox"/> 8(a)      | <input type="checkbox"/> Civil/Infrastructure | <input type="checkbox"/> TI     |
| <input type="checkbox"/> IDIQ    | <input type="checkbox"/> NAVFAC  | <input type="checkbox"/> FPP       | <input type="checkbox"/> Environmental        | <input type="checkbox"/> WOSB   |
| <input type="checkbox"/> MATOC   | <input type="checkbox"/> USACE   | <input type="checkbox"/> Cost Plus | <input type="checkbox"/> FFP                  | <input type="checkbox"/> SDVOSB |
| <input type="checkbox"/> SATOC   | <input type="checkbox"/> HUBZone | <input type="checkbox"/> FAR/DFAR  | Other (list): _____                           |                                 |

**Employment History**

to: \_\_\_\_\_

_____	_____	_____	_____
Date Employed (Mo./Yr)	Employer Name	Address	Phone Number
_____	_____	_____	
Beginning / Ending Salary	Title / Position	Supervisor Name and Title	
Job Duties _____			
Reason for Leaving _____		May We Contact this Employer? _____	

to: \_\_\_\_\_

_____	_____	_____	_____
Date Employed (Mo./Yr)	Employer Name	Address	Phone Number
_____	_____	_____	
Beginning / Ending Salary	Title / Position	Supervisor Name and Title	
Job Duties _____			
Reason for Leaving _____		May We Contact this Employer? _____	

to: \_\_\_\_\_

_____	_____	_____	_____
Date Employed (Mo./Yr)	Employer Name	Address	Phone Number
_____	_____	_____	
Beginning / Ending Salary	Title / Position	Supervisor Name and Title	
Job Duties _____			
Reason for Leaving _____		May We Contact this Employer? _____	

to: \_\_\_\_\_

_____	_____	_____	_____
Date Employed (Mo./Yr)	Employer Name	Address	Phone Number
_____	_____	_____	
Beginning / Ending Salary	Title / Position	Supervisor Name and Title	
Job Duties _____			
Reason for Leaving _____		May We Contact this Employer? _____	

## References

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List at least three business references (supervisors preferred) and one personal reference of persons not related to you.

Name & Occupation	Contact Information	Company
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Certification

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I certify that all entries on this application and attachments are true and complete and agree and understand that any falsification of information, regardless of time of discovery, may cause forfeiture on my part of employment at NNAC, Inc. I understand that all information on this application is subject to verification.

I authorize NNAC and/or their representatives to conduct background checks, educational verifications, driving record reviews and reference checks; including former employers and colleagues. I release and hold harmless and promise not to claim damages from any agency or my prior employers/colleagues for providing information.

I agree to submit to any drug or alcohol test required by NNAC. I understand that refusal to take such tests may be cause for denial of employment or my termination.

I agree to immediately notify the company if convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substance abuse or driving offense while my job application is pending or during any period of employment.

If I am employed, I understand that my employment is "at will" and without a fixed term, and that either the company or I may terminate employment at any time with or without cause. I also understand and agree that the company may change the terms and conditions of my employment, at any time.

I acknowledge that this application does not constitute an agreement or contract for employment.

I also release NNAC, Inc. and its' representatives, from any and all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

By entering your name below and submitting this application, you agree that you've read and fully understand the foregoing, and that you seek employment under these conditions.

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Applicant's Signature

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Date



We ask all applicants to provide the information requested below. It is confidential and kept separate from your other application materials. Providing this information is totally voluntary and refusing to provide it will not result in any adverse treatment. We are a federal contractor subject to Executive Order 11246 (which requires us to track applicants' and employees' ethnicity/race and gender for statistical purposes) and the Vietnam Era Veterans' Readjustment Assistance Act (which requires us to employ and promote protected veterans). In compliance with these laws, our Affirmative Action Program requires us to engage in outreach, monitor our employment decisions to ensure they are nondiscriminatory, report certain data, and track our progress. The information you provide will be used only in ways that are consistent with these laws. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race/ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age, or any other status protected by law. Please check the appropriate boxes below and return to Dannielle Sternberg @ dsternberg@nnacinc.com as soon as possible. Thank you!

Print name: \_\_\_\_\_ Job applied for: \_\_\_\_\_

<b>What is your gender?</b>	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>
<b>Are you Hispanic?</b>	<input type="checkbox"/> <b>Yes.</b> Hispanic 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, you may skip the next question. <input type="checkbox"/> <b>No.</b> Continue to the next question.
<b>What is your race?</b>	<input type="checkbox"/> <b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa. <input type="checkbox"/> <b>Black or African American:</b> A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. <input type="checkbox"/> <b>Asian:</b> 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. <input type="checkbox"/> <b>American Indian or Alaskan Native:</b> 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. <input type="checkbox"/> <b>Two or More Races:</b> All persons who identify with more than one of the above five races.
<b>Are you a protected veteran?</b>	<input type="checkbox"/> <b>Yes.</b> Includes: <b>Disabled veteran</b> (veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or would be if not receiving military retired pay) 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), <b>Active duty wartime or campaign badge veteran</b> (veteran who served on active duty in the U.S. military, ground, naval or air service during a <i>period of war</i> [Korean Conflict: June 27, 1950 – January 31, 1955; Vietnam Era: February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War: August 2, 1990 – current] <i>or in a campaign or expedition</i> for which a campaign badge has been authorized under the laws administered by the Department of Defense), <b>Armed Forces Service Medal veteran</b> (veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985), or <b>Recently separated veteran</b> (any veteran during the 3-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). <input type="checkbox"/> <b>No.</b>
<b>Sign here</b>	Signature: _____ Date: _____