



Monaco Enterprises, Inc.

Employment Application

Please review these important features of our hiring process:

1. Applications are only accepted if a current vacancy exists.
2. You may be asked to review information about our mission, our high standards for employees and specific job requirements, and certify your understanding, before applying.
3. Your application is active only for 60 days (or until the current hiring process closes, whichever is later). To be considered for openings after that, an updated application will be required.
4. We may conduct background checks, drug testing, job related testing, and team interviews to learn about you and your abilities before any hiring decisions are made.
5. Hiring is a two way process – We encourage you to ask questions and we will do our best to answer them.
6. Due to the number of applicants we often have, we cannot notify each and every applicant not selected. Only those selected for further interview will be called.
7. Sometimes internal candidates are being considered along with outside applicants.
8. Our employees deserve the best co-workers possible. Therefore we reserve the right to hire the best qualified person for the job.
9. Monaco participates in eVerify.

Please initial this after reading above: _____

Please Return Application to:

Monaco Enterprises, Inc.
Human Resources Department
PO Box 14129
Spokane, WA 99214-0129
Fax (509) 924-4980
Personnel@monaco-inc.com

All qualified applicants considered regardless of ethnicity, nationality, gender, veteran or disability status, religion, age, sexual orientation or gender identity, or other protected status.

Name (Last):

First:

Position Applied for:

Date:

Confidential Employment Information

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants considered regardless of ethnicity, nationality, gender, veteran or disability status, religion, age, sexual orientation or gender identity, or other protected status.

INSTRUCTIONS:

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Answer all items, even if you have a resume. Check over your final application for accuracy, especially important numbers like phone number, etc. Please sign and date the application where indicated.

Today's Date:	Last Name	First Name	Middle Initial
Present Street Address		City	State Zip
Home Phone	Cell Phone	E-mail Address	
Date Available			
Position applying for?	Are you over 18 years of age?	If under 18, do you have a work permit?	Can you provide proof that you can be lawfully employed in the U.S.?
How were you referred to us?			
Work Source	Employee referral (name) _____	School (name) _____	
Indeed	Agency (name) _____	Other (explain) _____	
Have you applied for work here before?	Have you ever been bonded?	Can you stay late on short notice if required?	
If yes, for what job?	Were you ever denied a bond?		
Your Preferred Schedule:	Can you, with or without accommodation, perform the essential functions of the job?	Other names you have used and dates:	

EDUCATION:

	School Name and Full Address	Graduated? (Yes or No)	Degree & Major Area	GPA
High School				
College/University				
College/University				
Vocational School				
Other (Specify)				
Are you currently a student?		Scholastic honors achieved:		
If yes, Explain:				
Outside activities while in school which you feel reflect your abilities:				
Plans for future education/training:				

EXPERIENCE IN:

Give years of experience if you are qualified:					
Blue Print Reading	_____	Engineering	_____	Accounting	_____
Word Processing	_____	Purchasing	_____	Ten Key Touch	_____
Electronic Testing	_____	Electronic Assembly	_____	Sales	_____
				Drafting	_____
				Data Entry	_____
				Software - specify type	_____
Other Skills & Qualifications:					
Please mention any other skills, qualifications or experience pertinent to the career you seek (e.g. – computers, software, machines, tools, special certifications, etc.):					

MILITARY HISTORY:

Branch of Military Service:	Employment Dates (Month & Year)		Rank at discharge:
	From:	To:	
List duties in Service, including special training:			

WORK HISTORY: Start with PRESENT or most recent employer. Include volunteer work if full time or your major activity.

Name of Organization	Employment Dates (Month & Year)		Type of Business or Industry	
	From:	To:		
Street Address	City	State	Zip	
Supervisor Name and Title:	Phone Number	Employment Status (FT, PT, Contract)		
Your Job Title(s), Duties, Skills Used			Reason for Leaving	

Name of Organization	Employment Dates (Month & Year)		Type of Business or Industry	
	From:	To:		
Street Address	City	State	Zip	
Supervisor Name and Title:	Phone Number	Employment Status (FT, PT, Contract)		
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Supervisor Name and Title:	Phone Number	Employment Status (FT, PT, Contract)		
Your Job Title(s), Duties, Skills Used			Reason for Leaving	

VOLUNTEER ACTIVITIES AND EXPERIENCE:

Describe your involvement in volunteer activities which may help assess your abilities.

OTHER ACTIVITIES:

Professional memberships, certificates, or licenses held (Exclude those indicating race, color, religion, sex, national origin or age):

In what extracurricular, civic, or cultural activities have you been or are you currently active? Include office held. (Exclude those listed above):

Principal Hobbies:

CAREER GOALS:

Write a paragraph or two about your career goals and how the position you are applying for will help you reach those goals.

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I understand and specifically authorize Monaco Enterprises to investigate my background thoroughly, including a full credit report, and agree to assist in such investigation. I understand and authorize an investigative agency or bureau of your choice to be used in the investigation of this information. I release and hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT.

I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

1) I acknowledge that these rules and regulations may be changed, interpreted, or edited by the Company at any time at the Company's sole option. 2) I understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time or to make other commitments or promises or assure any benefit or terms and conditions of employment unless such promises are made in writing and signed by the Chief Executive Officer of the Company.

Applicant's Signature _____

Today's date _____

VOLUNTARY APPLICANT or EMPLOYEE IDENTIFICATION
AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

REQUIRED:

Name _____ Phone _____

Address _____

Job applied for, or your specific skill area: _____

Who referred you to us? Name Agency: _____

Federal law requires that you have the opportunity to voluntarily provide this information if you wish. Your name and contact information above is required.

VOLUNTARY INFORMATION:

You may volunteer, but you are NOT REQUIRED, to tell us your ethnicity, race or gender. Presidential Executive Order 11246, as amended, requires us to present this to you. The information is used to study efforts to attract diverse pools of qualified applicants and ensure equal employment opportunity.

We do not send your response to the government. We report only group totals. However, it may be viewed by federal auditors or other officials. This is NOT part of your employment file. Hiring is always based on individual job qualifications. The law prohibits quotas, preferences or any consideration of your sex, race or ethnicity in employment decisions.

We invite you to **VOLUNTARILY** identify yourself in the categories below, now or at any time in the future.

If you decline, it will not subject you to adverse treatment.

1. GENDER: Male Female

2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b. if applicable)

a. Hispanic or Latino? () Yes () No
If you selected "No", please also consider volunteering the following:

b. Racial Background - Non-Hispanic:

- () White/Caucasian, Non-Hispanic or Latino
- () Black or African American, Non-Hispanic or Latino
- () Asian, Asian American Non-Hispanic or Latino
- () Native Hawaiian or Other Pacific Islander, Non-Hispanic or Latino
- () American Indian/Alaska Native, Non-Hispanic or Latino
- () 2 or more races, Non-Hispanic or Latino

The Veterans Readjustment and Assistance Act of 1974 and the Rehabilitation Act of 1973, and their regulations effective March 24, 2014 require additional offerings of voluntary self-ID to applicants and those offered employment

I decline to answer. **Please sign and return this form even if you do not answer.**

Please sign here: _____ Date _____

Employer Use Only:

EEO-1 Occup: 1.1 = Top/Executive Managers, 1.2 = All other managers/supervisors, 2 = Professionals, 3 = Technicians, 4 = Sales, 5 = Adm.Support/ Clerical, 6 = Skilled Crafts, 7 = Operators, 8 = Labor, 9 = Service (guards, janitors)

JOB GROUP CODE: _____ If current opening, Job Applied For: _____

VETERANS VOLUNTARY SELF-ID

US GOVERNMENT REQUIREMENT FOR EMPLOYERS WITH FEDERAL VETERANS AFFIRMATIVE ACTION PLANS - 41 CFR 60-300.42(a)

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.

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

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.

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.

If you receive a job offer, the US government requires us to invite further voluntary identification of your veteran status at that time, as you enter employment, and at any time you wish to disclose said status.

PLEASE ENTER YOUR NAME HERE

TODAY'S DATE

A Special Note From Monaco Enterprises, Inc. - Affirmative Action under these US laws means facilitating equality of job opportunities and targeted recruiting, not quotas or preferences, which are prohibited. It also means reasonable accommodation to make our application and selection process accessible to persons with disabilities. If you would like to discuss a potential accommodation during this process please let us know.

Employer Use Only: Job Group Code: _____ If current opening, Job Applied For: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

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.

For example:

Job Title:

Date of Hire: