



# INCIDENT CATERING



1429 Avenue D, #166  
Snohomish, WA 98290  
P 360.863.2182  
F 360.217.7183

## APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to race, sex, creed, marital status, citizenship, religion, color, gender, age, national origin, sexual orientation, veteran status, the presence of a medical conditions or disability or any other legally protected status. We encourage individuals from all types of diverse backgrounds to apply.

## PERSONAL INFORMATION

**Name:** \_\_\_\_\_  
(First) (MI) (Last)

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Phone Number:** \_\_\_\_\_ **Message or Cell Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

We can be at a job site for more than thirty days at a time. If you take the job you will be expected to stay at the site until you are released. Voluntary or involuntary termination before you are released will subject you to being sent home **at your own expense.**

Initials \_\_\_\_\_

**WE ARE A DRUG AND ALCOHOL FREE WORKPLACE**

Our policy is to employ a work force free from alcohol abuse or the use of illegal drugs. Applicants and Employees may not report to work under the influence of illegal drugs or alcohol. **Consumption and possession of alcoholic beverages, illegal drugs or legal drugs for a manner other than prescribed, will not be tolerated and are strictly prohibited on any worksite or job location.** Additionally, all employees are specifically warned that due to our work and job locations, violations of this policy may be a federal offense.

Initials \_\_\_\_\_

## GENERAL INFORMATION

If you have not worked for us before, you will be required to show proper identification and complete the necessary paperwork in order to be hired. **Failure to bring the required documents will bar you from being hired and will subject you to being sent home at your own expense.** Refer to the back of the Job Site Information sheet for a list of proper documents.

**Are you eligible to work in the United States?**       Yes       No

**Are you over the age of 18?**       Yes       No \*

\*If you chose no, please tell us when you turn 18: \_\_\_\_\_

**What date will you be available to work?** \_\_\_\_\_

**Do you have a Valid Current Driver's License?**       Yes\*       No

\* If Yes, from what state: \_\_\_\_\_

\* Is it a Commercial Driver's License?       Yes       No

## WORK ENVIRONMENT

**Can you adapt to long work hours and extreme conditions?**       Yes       No

**Are you flexible enough to work in a position other than the one you are applying for?**       Yes       No

**Do you understand and accept that you may be required to be away from home for extended periods of up to thirty days at a time or longer?**       Yes       No

**Are there any other limitations that may affect your travel or transfer within the company?**       Yes\*       No

\* If Yes, please explain: \_\_\_\_\_

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## EDUCATION

Type of School	Name & City	Did you graduate?	Course or Major
College			
Technical School			
High School			
Other			

## WORK EXPERIENCE

<b>Company:</b>			
<b>Address:</b>			
<b>Phone Number:</b>		<b>Position Held:</b>	
<b>Start Date:</b>		<b>End Date:</b>	

<b>Company:</b>			
<b>Address:</b>			
<b>Phone Number:</b>		<b>Position Held:</b>	
<b>Start Date:</b>		<b>End Date:</b>	

<b>Company:</b>			
<b>Address:</b>			
<b>Phone Number:</b>		<b>Position Held:</b>	
<b>Start Date:</b>		<b>End Date:</b>	

## OTHER SKILLS

Please list any other skills, qualifications and/or training which you feel may be relevant:

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## PLEASE READ AND SIGN THIS PORTION

By signing this application, I certify:

That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, the employer or its agents may investigate my background and employment history. By requesting information from my previous employers and persons or corporations who can provide information related to my previous employment, I agree to hold harmless from any liability or damage the company, any employee, and/or other person involved in this process. I understand that as an applicant for this position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. **I understand that voluntary or involuntary termination prior to my release by company management will subject me to being sent home at my own expense by whatever means company management deems suitable under the circumstances. I further understand that I may be involuntarily terminated at any time if I should fail to perform my job satisfactorily or to obey rules set by company management.** I also understand and agree that any payroll advances, personal or travel expenses charged to my account will constitute a legal debt owed by me to the company and give the company permission to withhold this sum for any amounts I would otherwise receive, including my final paycheck. I understand and agree that my employment is at-will, which means that it is for no specific period and may be terminated by me or Incident Catering Services at any time without prior notice for any reason.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**- Unsigned applications will not be accepted. -**

## FOR OFFICE USE ONLY

Reviewed By: \_\_\_\_\_ on \_\_\_\_\_

Rated:  Qualified  Not Qualified - Reasons: \_\_\_\_\_

Job Offered on: \_\_\_\_\_ for job: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Invitation to Self-Identify - Applicant

We are a government contractor subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to self-identify in various categories below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**PLEASE CHECK ALL APPLICABLE BOXES BELOW.** (The categories and definitions listed follow EEOC guidelines.)

**GENDER:** I belong to the following classification:

- Female                       Male                       Decline to Answer

**RACE/ETHNICITY:** I belong to the following classification:

- |   |  |
|---|--|
| <input type="checkbox"/> <u>Hispanic or Latino</u> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)  | <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander ~ not Hispanic or Latino</u> (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)   |
| <input type="checkbox"/> <u>Black or African American ~ not Hispanic or Latino</u> (A person having origins in any of the black racial groups of Africa.)   | <input type="checkbox"/> <u>American Indian or Alaskan Native ~ not Hispanic or Latino</u> (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.) |
| <input type="checkbox"/> <u>White ~ not Hispanic or Latino</u> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)  | <input type="checkbox"/> <u>Two or More Races ~ not Hispanic or Latino</u> (All persons who identify with more than one of the above five races.)  |
| <input type="checkbox"/> <u>Asian ~ not Hispanic or Latino</u> (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"/> Decline to Answer   |

**PROTECTED VETERAN:** I belong to the following classification:

- I identify as one or more of the classifications of Protected Veterans as defined below:

**Protected Veteran** includes disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed forces service medal veterans defines as follows:

- A **disabled veteran** is one of the following:
  - 1) 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**
  - 2) 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.

I am not a protected veteran.

I decline to answer.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**How did you hear about this position:** \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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.<sup>1</sup> 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  
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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.

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<sup>i</sup> 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](http://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.



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## JOB SITE INFORMATION

We are a mobile service provider for large and small scale events. As an emergency response provider, we are often called to natural disaster areas and other extreme environments. Personal access to services and amenities such as phones and electricity is usually not possible.

### BEING READY TO WORK

A job can happen anytime and anyplace. When you are contacted to work you will be given important information regarding the job, including the kind of event, who you should report to and your travel arrangements. If you are not immediately available when we contact you, you need to contact the office as soon as possible in order to be considered ready to work. If we are not contacted by you in time, you will not be eligible for this specific job. *(This does not mean you will not be considered eligible for future jobs. It is always a good idea to check in and let us know if you are available and ready for work, or will be unavailable for a period of time.)*

We can be at a job site for more than thirty days at a time. If you take the job you will be expected to stay at the site until you are released. Voluntary or involuntary termination before you are released will subject you to being sent home at your own expense.

### WE ARE A DRUG AND ALCOHOL FREE WORKPLACE

Our policy is to employ a work force free from alcohol abuse or the use of illegal drugs. Applicants and Employees may not report to work under the influence of illegal drugs or alcohol. Consumption and possession of alcoholic beverages, illegal drugs or legal drugs for a manner other than prescribed, will not be tolerated and are strictly prohibited on any worksite or job location. Additionally, all employees are specifically warned that due to our work and job locations, violations of this policy may be a federal offense. **We practice random drug and alcohol testing on all worksites as required at our discretion.**

### WHAT TO BRING

Work is often in outdoor settings. There can be temperature extremes, varying weather, high altitude and chronic environmental exposure. You are responsible for bringing your own clothing, gear, toiletries and other necessities for a minimum one month period. At minimum we recommend the following:

- Sleeping Bag & Pillow
- Blanket, Foam Pad & Tent
- Watch / Travel Alarm Clock
- 7 days worth of clothing
- Work Boots /Sturdy Shoes
- Extra Glasses / Sun Glasses
- Jacket /Rain Gear
- 30 Days Worth of Prescriptions & Other Medications
- Sunscreen & Insect Repellent
- Flashlight & Batteries
- Towels & Toiletries (Deodorant, Toothbrush, Toothpaste, Soap, Shampoo, etc.)
- Proper ID *(see list on back)* & Spending Money\*

\* Cash advances are only allowed under limited circumstances. If you have questions or concerns about any of the information provided please contact our office for further details. Thank you.

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## PROPER IDENTIFICATION

If you have not worked for us before, you will be required to show proper identification and complete the necessary paperwork in order to be hired. **Failure to bring the required documents will bar you from being hired and will subject you to being sent home at your own expense.**

You must bring and show us one document from List A OR one document each from Lists B and C in order to be hired.

## List of Acceptable Documents

### LIST A

#### Documents that Establish Both Identity and Employment Eligibility

- U.S. Passport (unexpired or expired)
- Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
- Certificate of Naturalization (*INS Form N-550 or N-570*)
- Unexpired foreign passport, with *I-551 stamp* or attached *INS Form I-94* indicating unexpired employment authorization
- Permanent Resident Card or Alien Registration Receipt Card with photograph (*INS Form I-151 or I-551*)
- Unexpired Temporary Resident Card (*INS Form I-688*)
- Unexpired Employment Authorization Card (*INS Form I-688A*)
- Unexpired Reentry Permit (*INS Form I-327*)
- Unexpired Refugee Travel Document (*INS Form I-571*)
- Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

### OR

### LIST B

#### Documents that Establish Identity

- Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
- ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
- School ID card with a photograph
- Voter's registration card
- U.S. Military card or draft record  
Military dependent's ID card
- U.S. Coast Guard Merchant Mariner Card
- Native American tribal document
- Driver's license issued by a Canadian government authority

### AND

### LIST C

#### Documents that Establish Employment Eligibility

- U.S. social security card issued by the Social Security Administration (*other than a card stating it is not valid for employment*)
- Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
- Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
- Native American tribal document
- U.S. Citizen ID Card (*INS Form I-197*)
- ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
- Unexpired employment authorization document issued by the INS (*other than those listed under List A*)