



ROBERT PECCIA AND ASSOCIATES  
 3147 Saddle Drive | Helena, MT 59601  
 406.447.5000  
 www.rpa-eng.com

## APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

Position(s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about us?

- Advertisement       Relative       Inquiry       RPA Website       Career Fair  
 Employment Agency       Friend       Other \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Cell Phone (if different from home phone): \_\_\_\_\_ E-Mail: \_\_\_\_\_

### GENERAL INFORMATION

Type of employment desired:  Full-time     Part-time     Temporary

On what date would you be available to work? \_\_\_\_\_

Do you need an accommodation to participate in the application or interview process?  Yes     No

Are you over 18 years of age?  Yes     No      If no, please list your age: \_\_\_\_\_

Do you have any relatives employed by Robert Peccia and Associates?  Yes     No

If yes, list name of relative: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes     No

I understand that Robert Peccia and Associates intends to complete a background check on me which may include Social Security trace, criminal record searches, employment verification, education verification, and reference check prior to making any employment offer.

I will authorize Robert Peccia and Associates to perform this background check.  Yes     No

ROBERT PECCIA AND ASSOCIATES IS AN EQUAL OPPORTUNITY EMPLOYER.  
 WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE,  
 NATIONAL ORIGIN, MARITAL STATUS, MILITARY STATUS, OR DISABILITY.

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
College				
College				
Business or Trade School				
Business or Trade School				

## ADDITIONAL INFORMATION

**Skills and Qualifications:** Summarize any training, skills, and areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying. Include primary equipment and/or software operated.

### Professional Licenses and/or Certifications:

If licensed, registered or certified, list:

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ No.: \_\_\_\_\_

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ No.: \_\_\_\_\_

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ No.: \_\_\_\_\_

## EMPLOYMENT HISTORY

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Description (duties, skills, software, equipment used):  
  
Dates of Employment: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor/Other: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_  
May we contact for reference?  Yes  No

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Description (duties, skills, software, equipment used):  
  
Dates of Employment: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor/Other: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_  
May we contact for reference?  Yes  No

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Description (duties, skills, software, equipment used):  
  
Dates of Employment: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor/Other: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_  
May we contact for reference?  Yes  No

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Description (duties, skills, software, equipment used):  
  
Dates of Employment: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor/Other: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_  
May we contact for reference?  Yes  No

## REFERENCES

**Professional References:** Give three references who are not relatives or former employers.

Name	Affiliation	Email Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact for reference:  Yes  No      If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Robert Peccia and Associates is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from Robert Peccia and Associates service, whenever it is discovered.

I expressly authorize **Robert Peccia and Associates** and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding **Robert Peccia and Associates** or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that **Robert Peccia and Associates** does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that completion of this Application for Employment does not guarantee that **Robert Peccia and Associates** will employ me.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

It is optional to complete the following forms. If you choose not to complete the forms, please just include your name with a note saying you would rather not complete them. Robert Peccia and Associates Affirmative Action Plan is updated annually and data from the following forms allows us to monitor and document our goals for employment practices.

## APPLICANT, NEW HIRE, OR EMPLOYEE SELF IDENTIFICATION OF RACE/ETHNICITY AND GENDER

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

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

### Anti-Discrimination Notice:

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

### Why Are You Being Asked To Complete This Form?

Robert Peccia and Associates is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, this employer invites applicants and employees to voluntarily self-identify their race/ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for the civil rights enforcement. When reported, data will not identify any specific individual.

### Please Check Only One Box For Each Question:

What is your gender?

- Male
- Female

What is your race/ethnicity?

- 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 original peoples of Hawaii, Guam, 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 maintains 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.

## VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

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

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

### Why Are You Being Asked To Complete This Form?

Robert Peccia and Associates is a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. Robert Peccia and Associates is also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, Robert Peccia and Associates must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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).

### How Do You Know If You 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:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please Check One Of The Boxes Below:

- Yes, I have a disability, or have a history./record of having a disability.
- No, I don't have a disability, or a history/record of having a disability.
- I do not wish 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.

## VOLUNTARY SELF-IDENTIFICATION OF "PROTECTED" VETERAN STATUS

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

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

### Why Are You Being Asked To Complete This Form?

Robert Peccia and Associates is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs of Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help the Government measure the effectiveness of the outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA.

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 VEVRAA, as amended.

The information you submit will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (2) 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 (3) Government officials engaged in enforcing laws administered by the Office Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

For more information about this form or the equal employment obligations of Federal contractors, visit the US Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How Do You Know If You Are A Veteran Protected By VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans, please indicated by checking the appropriate box below. The categories are defined on the next page and explained further in an "Am I a Protected Veteran?" infographic provided by OFCCP.

### What Categories Of Veterans Are "Protected" By VEVRAA?

"Protected" veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. 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.
2. 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.
3. 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.
4. 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 of Executive Order 12985.

## VOLUNTARY SELF-IDENTIFICATION OF "PROTECTED" VETERAN STATUS

**Please Check One Of The Boxes Below:**

- Yes, I identify as one or more of the classifications of Protected Veteran listed above.
- No, I am not a Protected Veteran.
- I do not wish to answer.
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Projected 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 of 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 are a disabled veteran it would assist Robert Peccia and Associates (RPA) if you tell RPA whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist RPA in making reasonable accommodations for your disability.

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at RPA will be based on merit, qualifications, and abilities. RPA is an equal opportunity employer and will not discriminate in employment opportunities or practices on the basis of sex, age, religion, race, color, marital status, physical or mental disability, national origin, pregnancy, veteran or military status, or require a distinction to be made. This applied to all areas of employment including hiring, training, salary administration, promotion, job assignment, discipline, layoffs, and termination.

It is policy of Robert Peccia and Associates not to discriminate against any employee or applicant for employment because he or she is an individual with a disability or a protected veteran (i.e., disabled veteran, Armed Forces service medal veteran, recently separated veteran, or other veteran who served during a war, or in a campaign or expedition for which a campaign badge has been authorized). It is also the policy of RPA to take affirmative action to employ and to advance in employment, all persons regardless of their status as individuals with disabilities or protected veterans, and to base all employment decisions only on valid job requirements.

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