LUHR BROS., INC. APPLICATION FOR EMPLOYMENT

The following information is requested in order to help us make the best possible placement within LUHR BROS., INC. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling out this application form. LUHR BROS., INC. in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, veteran status, physical or mental handicap. We also are required by law, by virtue of our contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified handicapped individuals, and Vietnam era and disabled veterans.

PLEASE PRINT

BACKGROUND

| DAORGIICOND | | | | |
|----------------------------|---------------------------------|--------------------------|----------------|------|
| | | | | |
| Name | (Last) | (First) | (Middle) | |
| Street Address | | | | |
| | | | | |
| City | | State | | Zip |
| Telephone No. | Cell No | 0. | E-mail Address | |
| S.S. Number | 1 | | | |
| | work in the United States? | | | |
| | | 2 100 | | |
| How were you referred to | Luhr Bros., Inc.? | | | |
| * | | | | |
| Have you ever applied fo | r a job with Luhr Bros., Inc.? | ☐ Yes (If yes, where and | i when? □ No | |
| Have you ever worked at | Luhr Bros., Inc.? | (If yes, when?) □ No | | |
| ⊃osition for which you are | e applying | | | |
| Compensation expected | \$pe | er | | |
| Other positions for which | you would like to be considered | ed | | |
| | | | | |
| Can you work overtime? | □ Yes □ No | Can you work | shifts? | □ No |

| EDUCATI | ON | | | | |
|---|--|---|--------------------------------|------------------|--------|
| | SCHOOL Name | ADDRESS | Number of Years Attended | Degree | Major |
| HIGH | | | | | |
| COLLEGE | | | | | |
| GRADUATE | | | | | |
| OTHER | | | | | |
| Courses now s | studvina: | | | | |
| MILITAR) Have you ever | SERVICE RECORD served in the U.S. Armed Force | es? 🗆 Yes 🗀 No | | | |
| MILITAR) Have you ever | SERVICE RECORD | es? 🗆 Yes 🗀 No | ne position for wh | ich you have app | olied. |
| MILITAR) Have you ever f yes, list dutie | SERVICE RECORD served in the U.S. Armed Force | es? 🗆 Yes 🗀 No | e position for wh | ich you have app | lied. |
| MILITARY Have you ever f yes, list dutie | SERVICE RECORD served in the U.S. Armed Force in Service, including special t | es? 🗆 Yes 🗀 No | e position for wh | ich you have app | olied. |
| MILITARY Have you ever f yes, list dutie | SERVICE RECORD served in the U.S. Armed Force es in Service, including special to | es? □ Yes □ No raining that are relevant to th | | | olied. |
| MILITARY Have you ever f yes, list dutie SKILLS Check the follo | SERVICE RECORD served in the U.S. Armed Force in Service, including special to special t | es? | □ Microsoft | | olied. |
| MILITARY Have you ever f yes, list dutie SKILLS Check the follo Calculator Other Equip | SERVICE RECORD served in the U.S. Armed Force es in Service, including special to special to service experience: Computer oment (explain): | es? | □ Microsoft | | olied. |
| Have you ever f yes, list duties SKILLS Check the follow Calculator Other Equip | SERVICE RECORD served in the U.S. Armed Force es in Service, including special to see in Service. Computer coment (explain): | es? | □ Microsoft | Office | blied. |
| Have you ever f yes, list duties SKILLS Check the follow Calculator Other Equip | SERVICE RECORD served in the U.S. Armed Force es in Service, including special to special to service experience: Computer oment (explain): | es? | □ Microsoft | Office) | olied. |

Supervisor:

eja.

Telephone:

| DATES | NAME AND ADDRESS OF SECOND EMPLOYER | DESCRIPTION OF DUTIES | SALARY | REASON For Leaving |
|---|---|-----------------------|--------|-----------------------|
| From: | Name: | | From: | |
| | | | | * |
| To: | Address: | | To: | |
| | | | | |
| | Telephone: | Supervisor: | | |
| | | | | |
| DATES | NAME AND ADDRESS OF THIRD EMPLOYER | DESCRIPTION OF DUTIES | SALARY | REASON For Leaving |
| From: | Name: | | From: | |
| | | | | |
| o: | Address: | | To: | |
| | | | | |
| | Telephone: | Supervisor; | | |
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| st license you | D BOAT APPLICAN | | | |
| st license you Master | D BOAT APPLICAN u hold: □ Pilot | Tankerman | | |
| st license you Master ass of vesse | D BOAT APPLICAN hold: Pilot or territory covered: | Tankerman | | |
| st license you Master lass of vesse | D BOAT APPLICAN u hold: □ Pilot | Tankerman | | |

PERSONAL REFERENCES (excluding relatives)

| Name | Dates Known | Address | Telephone Number |
|------|----------------|---------|---------------------|
| 1, | | | |
| 2, | | | |
| 3. | | 8 | |

PREEMPLOYMENT STATEMENT (Please read and sign the statement below.)

I understand and agree that:

- 1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from Luhr Bros., Inc. employ.
- 2. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Luhr. Bros., Inc. I understand that a physical examination will be required after an offer of employment is made to me.
- 3. In processing my application for employment, Luhr Bros., Inc. may verify all the information provided by me from any source it deems appropriate.
- 4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record.
- 5. I understand this application will be retained for six (6) months, and that if not offered employment within this period, it will be necessary for me to complete a new employment application to be considered for employment.

| Signature | Date | |
|-----------|------|--|
| • | | |

APPLICANTS IDENTIFYING THEIR SEX AND RACE

| SEX CLASSIFICATION | | |
|--------------------|----------------------------|--|
| MALE | FEMALE | |
| 183 | | |
| EEO CLASSIFICATION | | |
| WHITE (Not of His | panic Origin) | |
| BLACK (Not of His | panic Origin) | |
| HISPANIC | | |
| ASIAN OR PACIFIC | ISLANDER | |
| AMERICAN INDIA | N OR ALASKAN NATIVE | |
| I DO NOT WISH TO | D IDENTIFY MY SEX OR ON | |
| SIGNATURE | | |
| DATE | | |

Application will not be considered complete without this information.

SELF IDENTIFICATION

| NAN | ME: (PLEASE-PRINT) | * 115 | DATE: |
|--------------------------------|--|--|--|
| POS | ITION FOR WHICH YOU ARE APPLYI | NG: | , |
| addi prote duri is vo | We as an employer wish to voluntarily he require us to file annual statistical retion, we wish to voluntarily comply wished the handicapped, disabled veteransing the Vietnam-era for more than 180 da luntary. Please be assured that you will used to not provide the information request | eports on ap th the variou and veteran ys. Submissi not be subje | pplicants for employment. In is laws and regulations which is who served on active duty on of this information by you |
| APP | LICANTS IDENTIFYING THEMSELVE | s as handi | CAPPED |
| 1. | Are you a handicapped individual or handicap which may limit your ability apply? | do you hav to perform Yes | ve any physical condition or the position(s) for which you |
| 2. | If yes, do you possess or can we provide procedures which might qualify you for to do because of your handicap? | le you with a positions yo | any special methods, skills, or u might not otherwise be able |
| ——You | are not required to provide the above is do, it will be kept confidential, with the | | |
| -Sup | ervisors may be informed if accommodat restricted. | ion is necessa | ary or if your work duties are |
| | ernment representatives may be provide laws and regulations. | d informatio | on in compliance with various |
| APP | LICANTS IDENTIFYING THEMSELV VETERANS | ES AS DIS | ABLED OR VIETNAM-ERA |
| 1. 2. | Are you a disabled veteran? Yes No Moderate No Modera | ved on active | duty for more than 180 days |

Information Regarding Section 503 of the Rehabilitation Act of 1973 and

Vietnam Era Veterans Readjustment Assistance Act of 1974

Luhr Bros, Inc. is a government contractor subject to section 503 of the Rehabilitation Act of 1973 and 38USC2012, which requires government contractors with any contracts or subcontracts in excess of \$10,000 in the United States to take affirmative action to employ and advance in employment qualified special disabled veterans and veterans of the Vietnam Era. If you have such a handicap and would like to be considered under the VEVRAA regulation, please tell us. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of handicapped individuals, and regarding necessary accommodations, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance with the Act shall be informed.

If you are handicapped, we would like to include you under the affirmative action program. It would assist us if you tell us about (1) any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your handicap, so that you will be considered for any positions of that kind, and (2) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

Information Regarding the Vietnam Veteran Era Veteran, Disabled Veterans, and Other Eligible Veterans

Readjustment Assistance Act of 1974 and the Veterans Employment Opportunity Act of 1998

Luhr Bros, Inc. is a government contractor SUBJECT6 OF Section 402 to the Vietnam Era Veterans Readjustment Assistance Act of 1974 which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era, and other eligible veterans. If you are a member of one of these groups covered by this program and would like to be considered under the affirmative action program, please tell us. This information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations, and (ii) first aid personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment. In order to assure proper placement of all employees, we do request that you answer the following question: If you have a disability which might affect your performance or create a hazard to yourself or others in connection with the job for which you are applying, please state the following: (1) The skills and procedures you use or intend to use to perform the job notwithstanding the disability and (2) the accommodations we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job or other accommodations.

Invitation to Self-Identify for Qualified Protected Veterans

- 1. Luhr Bros, Inc. is a federal contractor subject to the Vietnam Era Veterans' Readjustment Act of 1974, as amended, which requires federal contractors to take affirmative action to employ and advance in employment qualified disabled veterans and qualified protected veterans.
- 2. An invitation to veterans of the Vietnam era only: If you are a veteran of the Vietnam era, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. The term "veteran of the Vietnam era" refers to a person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases. The term also refers to a person who was discharged or released from active duty for a service connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases.

An invitation to qualified disabled veterans only: If you are a qualified special disabled veteran, we would like to include you in our affirmative action program. If you would like to be included under the affirmative action program, please tell us. This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The term "qualified special disabled veteran" refers to a veteran 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 Department of Veterans Affairs for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap. The term also refers to a person who was discharged or released from active duty because of a service-connected disability.

An invitation to both (1) veterans of the Vietnam era and (2) qualified disabled veterans: If you are a veteran of the Vietnam era or a qualified special disabled veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. The term "veteran of the Vietnam era" refers to a person who served on active duty for a period of time more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases. The term also refers to a person who was discharged or released from active duty for a service connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases. The term "qualified special disabled veteran" refers to a veteran 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 Department of Veterans Affairs, for a disability rated at 30 percent or more, or rated at 10 to 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to The term also refers to a person who was discharged or have a serious employment handicap. released from active duty because of a service-connected disability.

- 3. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.
- 4. 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.
- 5. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of qualified disabled veterans, and regarding necessary accommodations; (ii) 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 (iii) government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.
- 6. If you are a qualified special disabled veteran it would assist us if you tell us about (i) any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.
- 7. A written copy of this Affirmative Action Program is available for inspection by any employee or applicant for employment, during normal business hours. Interested persons should contact Lloyd Miller, EEO Officer, at 618-281-4106 ext. 117.

Note: Paragraph 6 (ii) above will be omitted if this invitation to self-identify is being extended prior to an offer of employment. This avoids conflict with EEOC's guidance under the ADA, which in most cases precludes asking a job applicant about potential reasonable accommodations prior to a job offer being made.