



It is the policy of RP Advanced Mobile Systems (RPAMS) to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, gender identity, sexual orientation or veteran status. Complete this form (attach additional information if necessary), and upload with your resume to rpamsjobs@rpams.com. Should you need accommodations during any stage of this process, please email your request to rpamsjobs@rpams.com.

PERSONAL INFORMATION

NAME (Last)		(First)	(Middle)
Street Address			
City		State	Zip
Mailing Address <i>(if different from above)</i>			
City		State	Zip
Daytime Phone	Evening Phone	Mobile Phone	
Email			

GENERAL INFORMATION

Are you legally entitled to work in the U.S.?	Yes	No
If NOT a U.S. Citizen, please complete the following:		
Visa Type	Visa Number	Expiration Date

POSITION

Position or type of employment desired?		
Date Available	Will Accept:	Desired Pay Range Hourly/Salary
Shift Desired:	Current Employer	

How did you learn about our company?

EDUCATION and TRAINING			
HIGH SCHOOL	Name/Location		
High School Graduate or General Education (GED) test passed?	Yes	No	If NO, list the highest grade completed
COLLEGE OR UNIVERSITY			
Name/Location			
Major/Subjects of Study			
Degree?	Graduate?	Yes	No
Name/Location			
Major/Subjects of Study			
Degree?	Graduate?	Yes	No
Name/Location			
Major/Subjects of Study			
Degree?	Graduate?	Yes	No
SPECIALIZED TRAINING/TRADE SCHOOL			
Name/Location			
Subject of Study			
License/Certification/Registration?	Graduate?	Yes	No
OTHER EDUCATION			
Name/Location			
Subject of Study			
License/Certification/Registration?	Graduate?	Yes	No
SPECIAL SKILLS			
List areas of highest proficiency, special skills or other items that may contribute to your ability in performing the above mentioned position:			
Computer Skills			
Languages read, written or spoken fluently other than English?			

VETERAN INFORMATION

Have you ever served in the U.S. Military? Yes No

If YES, please provide the following information:

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

Rank (at time of separation)	Special Honors
------------------------------	----------------

WORK EXPERIENCE – Please list MOST RECENT FIRST, Attach additional pages if necessary.

EMPLOYER	Company Name	Phone	Supervisor
-----------------	--------------	-------	------------

Company Address	Job Title
-----------------	-----------

Employed (month/year) From To	May We Contact?	Yes	No
---	-----------------	-----	----

Specific duties, job notes and reason for leaving:

EMPLOYER	Company Name	Phone	Supervisor
-----------------	--------------	-------	------------

Company Address	Job Title
-----------------	-----------

Employed (month/year) From To	May We Contact?	Yes	No
---	-----------------	-----	----

Specific duties, job notes and reason for leaving:

EMPLOYER	Company Name	Phone	Supervisor
-----------------	--------------	-------	------------

Company Address	Job Title
-----------------	-----------

Employed (month/year) From To	May We Contact?	Yes	No
---	-----------------	-----	----

Specific duties, job notes and reason for leaving:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore, I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment at any time, and for any reason not prohibited by state or federal law.

Signature of Applicant _____ Date _____

Privacy Policy: The information you provide will not be shared it is only for the use in our selection of potential employees. **RPAMS participates in E-verify** which requires employers to provide the Social Security Administration and if necessary, the Department of Homeland Security with information from each new employee's Form I-9 to confirm work authorization. **NOTE:** Due to Federal ITAR requirements RPAMS is only able to hire persons who are US Citizens, lawful permanent residents, or green card holders



RP Advanced Mobile Systems is an Equal Opportunity Employer. We are subject to certain federal equal employment recordkeeping requirements. In order to comply, we request applicants to voluntarily self-identify their gender, race/ethnicity, and protected veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

Please complete the following:

Name	
Job Title	

SECTION I: GENDER

Gender:	Male	Female	I decline to self-identify by gender
---------	------	--------	--------------------------------------

SECTION II: RACE / ETHNICITY

Are you Hispanic or Latino?	Yes	No
If no, what race do you consider yourself to be (see reverse side for definitions):		
White (Not Hispanic or Latino)	American Indian or Native Alaskan (Not Hispanic or Latino)	
Black or African American (Not Hispanic or Latino)	Two or more races (NOT Hispanic or Latino)	
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	I	I decline to self-identify by ethnicity/race
Asian (Not Hispanic or Latino)		

Invitation to Self-Identify as a Protected Veteran

- 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.
- If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. 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.

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.

I identify as one or more of the classifications of protected veteran listed above:

I am a protected veteran

I am NOT a protected veteran

I don't wish to answer

- 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.
- 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 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 the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

DEFINITIONS OF RACE AND ETHNICITY CATEGORIES:

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 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 maintain 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: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we 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.

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, or 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 Don't 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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____