ANALYTICAL SERVICES & MATERIALS, INC.

107 Research Drive, Hampton, VA 23666 Phone (757) 865-7093 Fax (757) 865-7309
www.asm-usa.com

EMPLOYMENT APPLICATION

IF COMPLETING THIS FORM ONSCREEN:
Complete the form, save it, and send it as an attachment to asmjobs@asm-usa.com

We are pleased to consider all qualified applicants without regard to race, color, gender, religion, national origin, age, sexual orientation, gender identity, marital or veteran status, physical or mental disability. Applicants who may require assistance are invited to advise us of their needs regarding filling out this application. AS&M is an Affirmative Action/Equal Opportunity Employer. We have federal contracts and are subject to Section 503 of the Rehabilitation Act of 1973 and the provisions of the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) of 1974, as amended, which requires federal contractors to take affirmative action in all personnel practices regarding protected veterans. The statute covers disabled veterans, Armed Forces service medal veterans, recently separated veterans, and other veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized. The Vietnam Era dates are from August 5, 1964 through May 7, 1975.

(Please print OR fill onscreen)

Position(s) Applied For | Desired Salary | Date of Application

How did you learn about us?
☐ Advertisement ☐ Friend ☐ Walk-in ☐ Employment Agency ☐ Relative ☐ Other:

Last Name | First Name | Middle Name

Address: Number Street/Apt.# | City | State | Zip

Telephone number(s) | Email:

Have you ever filed an application with us before? ☐ YES ☐ NO If YES, give date:

Have you ever been employed with us before? ☐ YES ☐ NO If YES, give date:

Are you currently employed? ☐ YES ☐ NO

May we contact your present employer? ☐ YES ☐ NO

Are you a U.S. citizen? ☐ YES ☐ NO

If hired, can you demonstrate that you are authorized to work in the U.S. ☐ YES ☐ NO ☐ N/A

Are you available to work? ☐ Full-time ☐ Part-time ☐ Temporary

On what date would you be available for work?

Can you travel if a job requires it? ☐ YES ☐ NO

Do you have an active security clearance? ☐ YES ☐ NO If YES, give level:

What is the highest degree you have obtained?

How many years of relevant experience do you have?

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. *You may exclude organizations which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*

1.	Employer and Address Telephone Number(s) Job Title Reason for Leaving	Dates Employed From	To	Work or duties performed
	May we contact this employer for a reference?	☐ YES	☐ NO	
2.	Employer and Address Telephone Number(s) Job Title Reason for Leaving	Dates Employed From	To	Work or duties performed
	May we contact this employer for a reference?	☐ YES	☐ NO	
3.	Employer and Address Telephone Number(s) Job Title Reason for Leaving	Dates Employed From	To	Work or duties performed
	May we contact this employer for a reference?	☐ YES	☐ NO	
4.	Employer and Address Telephone Number(s) Job Title Reason for Leaving	Dates Employed From	To	Work or duties performed
	May we contact this employer for a reference?	☐ YES	☐ NO	

Education

	Technical	High School	Undergraduate College/University	Graduate/Professional
School Name & Location				
Describe Course of Study				
Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at AS&M?				
Describe any honors and/or awards received.				
State any additional information you feel may be helpful to us in considering your application.				

Special Skills and Qualifications

Have you obtained any special skills or abilities as a result of service in the military?

Do you have any other experience, training, or skills which you feel make you especially suited for work at AS&M?

Additional Information

Are you currently on "lay-off" status and subject to recall? ☐ YES ☐ NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ YES ☐ NO

If accommodation is needed, please identify:

(**Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests**.)

References

List below three persons not related to you who have knowledge of your work performance within the last three years. Include addresses and telephone numbers.

1.

2.

3.

Applicant's Statement

_____ initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ initials

I hereby authorized the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ initials

I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ Date

_____ Applicant's Signature

APPLICANT FLOW DATA

PLEASE PRINT OR TYPE ALL INFORMATION

Analytical Services & Materials, Inc. is subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, AS&M invites employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment**. The information obtained will be 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. Applicants are considered based on abilities, skills, and knowledge and without regard to race, color, gender, religion, national origin, age, marital or veteran status, physical or mental disability.

If you choose to not complete the gender and race information, please check the box below and initial.

☐ I choose not to volunteer this information. Initial: _____

Date	Name (please print or type)

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 America.
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.

Check one	Gender
☐	Male
☐	Female

Check one	Race
☐	Hispanic or Latino
☐	White (Not Hispanic or Latino)
☐	Black or African American (Not Hispanic or Latino)
☐	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
☐	Asian (Not Hispanic or Latino)
☐	American Indian or Alaska Native (Not Hispanic or Latino)
☐	Two or more Races (Not Hispanic or Latino)

HR Use Only	
EEO Category Code	
☐	1.1 Executive/Senior Level Officials and Managers
☐	1.2 First/Mid-Level Officials and Managers
☐	2 Professionals
☐	3 Technicians
☐	4 Sales Workers
☐	5 Administrative Support Workers
☐	6 Craft Workers
☐	7 Operatives
☐	8 Laborers and Helpers
☐	9 Service Workers

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: Date:

Employee ID:
(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:

INVITATION TO SELF-IDENTIFY AS A PROTECTED VETERAN

Are you a Protected Veteran? ☐ **Yes** ☐ **No**

Definitions of a Protected Veteran:

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 U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.