



APPLICATION FOR EMPLOYMENT

Ecovative Design LLC is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion or religious practices, sex, veteran or military status, national origin or ancestry, age, physical or mental disability, creed, citizenship, marital status, sexual orientation, prior arrest or conviction record, genetic predisposition, status as a domestic violence or stalking victim or any other protected class under federal, state or local law.

PLEASE PRINT

Position(s) Applied For	Date of Application
How did you learn about Ecovative Design? Advertisement or Job Posting Employment Agency	Relative or Friend Current or Former Employee of Ecovative Design College Fair Other _____
Name (Last, First, Middle)	
Street Address	City, State, Zip
Telephone Number(s)	
Best Time to Reach You	

- | | | |
|---|-----|----|
| 1. If you are under 18 years of age, can you provide required proof of your eligibility to work? | YES | NO |
| 2. Are you authorized to work in the United States? (Proof of identity and eligibility will be required upon employment.) | YES | NO |
| 3. Are you currently employed? | YES | NO |
| 4. May we contact your current employer? | YES | NO |
| 5. Have you ever filed an application with us before? If yes, provide approximate date
_____ | YES | NO |
| 6. Have you ever been employed by Ecovative Design? | YES | NO |
| 7. Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment.) If YES, please explain here (use additional pages if needed):

_____ | YES | NO |
| 8. Have you ever been convicted or plead guilty of a crime, including misdemeanors (excluding traffic violations)? If YES, please explain here (use additional pages if needed):

_____ | YES | NO |

9. On what date would you be available to begin work? _____

10. What is your desired pay range (hourly or salary)? _____

11. Are you available to work: Full-Time Part-Time Temporary

12. How many hours per week employment do you seek? Lowest _____ Most _____

13. What are the times you are available on the following days?

Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
------	-------	-------	--------	------	------	------

EDUCATION

	High School	Undergraduate College	Graduate	Business / Trade Schools / Other
School Name				
Subjects Studied				
Degree(s) Earned				
Number of Years Completed				
Honors, Awards, Special Skills				

Describe any additional educational information you feel may be helpful to us in considering your application, including any job related training, military job related training, apprenticeships, skills, and job related activities:

EMPLOYMENT HISTORY

Start with your present or most recent job. Include any job-related military service assignments and job-related volunteer activities. You may exclude organizations which indicate race, color, religion or religious practices, sex, veteran or military status, national origin or ancestry, age, physical or mental disability, creed, citizenship, marital status, sexual orientation, prior arrest or conviction record, genetic predisposition, status as a domestic violence or stalking victim or any other protected class under federal, state or local law.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title			
Supervisor's Name & Title			
Reason For Leaving			

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title			
Supervisor's Name & Title			
Reason For Leaving			

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title			
Supervisor's Name & Title			
Reason For Leaving			

Employer	Dates Employed		Work Performed

Address	From	To	
Telephone Number(s)			
Job Title			
Supervisor's Name & Title			
Reason For Leaving			

If you need additional space to provide your Employment Experience, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and office held which are job related. You may exclude organizations which indicate race, color, religion or religious practices, sex, veteran or military status, national origin or ancestry, age, physical or mental disability, creed, citizenship, marital status, sexual orientation, prior arrest or conviction record, genetic predisposition, status as a domestic violence or stalking victim or any other protected class under federal, state or local law.

ADDITIONAL INFORMATION

If there have been any gaps in your employment during the past 5 years, please provide details in the space provided here:

Please set forth any additional information which you believe would assist Ecovative Design in making its decision whether to hire you.

REFERENCES

Please list at least 3 professional references.

Name	Type of Reference	# Years Acquainted	Relationship	Company Name & Address	Phone
------	-------------------	--------------------	--------------	------------------------	-------

	Professional Personal				
	Professional Personal				
	Professional Personal				
	Professional Personal				

Statement of Equal Opportunity Employment

Ecovative Design maintains a policy of non-discrimination for all employees and applicants in every facet of the company's operation. In compliance with federal and state laws, Ecovative Design hires, trains, and promotes all qualified employees without unlawful discrimination on the basis of race, color, religion or religious practices, sex, veteran or military status, national origin or ancestry, age, physical or mental disability, creed, citizenship, marital status, sexual orientation, prior arrest or conviction record, genetic predisposition, status as a domestic violence or stalking victim or any other protected class under federal, state or local law.

Employment Application Acknowledgment

I certify that all statements made by me on this Employment Application for Ecovative Design are true and complete to the best of my knowledge. I agree that if any false statements, omissions, or misrepresentations have been made by me herein or during the employment process, or if the result of such investigation is not satisfactory, this may be considered sufficient cause for rejection of this application or any offer of employment may be withdrawn. In the event of employment, I understand that misrepresentation or omission of pertinent information in my application or interview(s) may result in termination of employment.

I authorize Ecovative Design to conduct a thorough investigation of all matters contained in this application, including my background, references, employment record and other matters related to my suitability for employment. I further authorize my former employers or any third party to disclose to Ecovative Design all reports and other information related to my suitability for employment, without giving me prior notice of such disclosure. In addition, I release to Ecovative Design, former employers and all references listed above, from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I hereby authorize Ecovative Design and any consumer credit reporting agency or bureau, if applicable, employed by Ecovative Design to make a consumer credit report in connection with this application. These reports may include information concerning my character, general reputation, personal characteristics, and mode of living, which may be obtained from a variety of sources including personal interviews with friends, associates, and neighbors. I understand that I have the right to make a written request in a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. If I am denied employment based wholly or in part on information contained in the report, I understand that Ecovative Design will provide me with the name and address of the reporting agency making the report.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. Furthermore, I understand and agree that if hired, my employment is for no definite period and any employment relationship with Ecovative Design is of an "at will" nature, which means that employment may be terminated at any time, without prior notice, at the option of either myself or Ecovative Design. I further understand that no representative of Ecovative Design has the authority to make any assurances to the contrary.

I understand that filling out this form does not indicate there is a position open and does not obligate Ecovative Design to hire me. In the event of my employment by Ecovative Design, I will comply with all of the rules, policies, procedures and regulations relating to work performance and conduct.

I hereby acknowledge that I have read and understand the above statements.

Applicant's name:

(please print)

Applicant's signature:

Date:

Intentionally left blank

Equal Employment Opportunity Self-Identification Applicant Survey

Applicant Name: _____ Date: _____

Position Applied For: _____

Survey of Sex, Ethnic Group and Race

Our organization is an equal opportunity employer and government contractor. It has been and shall continue to be both the official policy and the commitment of the Company, including all its divisions to further equal employment opportunities in hiring or employment. Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. No question on this form is intended to secure information to be used for such discrimination. If you fall into one of these protected classifications, we invite you to identify to yourself and receive coverage under our company's Affirmative Action Plan.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. Our organization is required by federal regulations to report information as requested below. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts. You may inform us of your status related to the following data or your change in status at this time and/or any time in the future.

Select the categories that apply. Definitions below.

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnic Group:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Two or More races

Definitions – Race / Ethnic Groups

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.

Survey of Protected Veteran Status Applicant Survey

Applicant Name: _____ Date: _____

Position Applied For: _____

The Company 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.

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.

Protected 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 for 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.

As a Government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, 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.

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

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 10 of 11

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.¹ 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
Expires 1/31/2020
Page 2 of 11

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.

¹ 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.

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.

Requesting Information About An Accommodation

The Company has appointed the following individual(s) as the official(s) responsible for processing requests for reasonable accommodation from applicants and employees with disabilities:

Name Debra Antonelli
Title Human Resources
Office Phone [518-273-3753 x 1013](tel:518-273-3753)
Mailing Address
70 Cohoes Ave
Green Island NY 12183
Email debra@ecovatedesign.com

Information about the Company's reasonable accommodation procedures is available on request.