



Equal Opportunity Employer

Requisition Number: \_\_\_\_\_  
One Number per Application

Email completed application to: [careers@brycon.com](mailto:careers@brycon.com) or fax to 505-892-3371

Brycon has the right to reject any application that is incomplete or has any additional information not requested. This application will be valid for 20 days from date received.

|                               |   |
|-------------------------------|---|
| (PRE-EMPLOYMENT QUESTIONAIRE) |   |
| <b>PERSONAL INFORMATION</b>   | <b>DATE:</b>  |
| <b>NAME:</b>                  |   |
| LAST                          | FIRST MIDDLE  |
| <b>PRESENT ADDRESS :</b>      |   |
| STREET                        | CITY STATE ZIP  |
| <b>PHONE NO.</b>              | <b>ARE YOU 18 YEARS OR OLDER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO |

|  |   |
|--|---|
| <b>ARE YOU EMPLOYED NOW?</b>                   | <b>If "yes" may we contact your employer?</b> |
| <b>DATE YOU CAN START?</b>                     | <b>HOURLY or SALARY WAGES DESIRED :</b>       |
| <b>HAVE YOU EVER WORKED FOR BRYCON BEFORE?</b> | <b>If "yes", when? SUPERVISOR NAME:</b>       |
| <b>IF NEEDED, WOULD YOU RELOCATE?</b>          | <b>REFERRED BY:</b>                           |
| <b>HIGHEST LEVEL OF EDUCATION COMPLETED:</b>   | <b>How did you hear about us?</b>             |

FORMER EMPLOYERS (LIST BELOW MOST SIGNIFICANT EMPLOYERS WITH WHOM YOU WORKED IN THE SAME FIELD. DO NOT INCLUDE EMPLOYERS OR IDENTIFY SERVICES THAT ARE NOT IN THE SAME FIELD AS THE POSITION YOU ARE APPLYING FOR:

| DATE MONTH/YEAR | COMPANY NAME, CITY, STATE, AND PHONE # | SALARY/HOURLY WAGE | POSITION | REASON FOR LEAVING |
|-----------------|--|--------------------|----------|--------------------|
| FROM:<br>TO:    |  |                    |          |                    |
| FROM:<br>TO:    |  |                    |          |                    |
| FROM:<br>TO:    |  |                    |          |                    |
| FROM:<br>TO:    |  |                    |          |                    |

**YEARS OF EXPERIENCE WORKING IN THE FIELD OF THE POSITION YOU ARE APPLYING FOR?**

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**  YES  NO  
Be truthful. Answering yes is not an automatic disqualification. If yes, provide date of all convictions and identify each felony for which you were convicted. This includes pleas of no contest or nolo contendere.

I understand that a drug/alcohol screen testing and background check may be a condition of hire and will be required upon hire, random, reasonable suspicion and immediately after any on the job accident in which I am involved.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall or may be grounds for dismissal.

I authorize investigation of all statements contained herein and the reference listed above to give Brycon Corporation any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing this information.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice and without cause.

I understand and agree that, if hired, I authorize Brycon Corporation to obtain information from various consumer reporting agencies regarding my driving record. I understand that such information may be required to comply with the Health and Safety Program of Brycon Corporation and / or requirements of companies providing insurance to Brycon Corporation.

DATE: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_



Equal Opportunity Employer

**EMPLOYEE VOLUNTARY QUESTIONNAIRE FOR SELF-IDENTIFICATION OF:  
RACE/ETHNICITY, DISABILITY AND VETERAN STATUS**

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

GENDER:     Male     FEMALE

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- 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 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.
- I choose not to self-identify.

**Anti-Discrimination Notice**

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



## Equal Opportunity Employer

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. 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.

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

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.

Regulations issued by the U.S. Department of Labor with respects to disabled individual, disabled veteran, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

- Vietnam Era Veteran
- Special Disabled Veteran (30% or more disability)



Equal Opportunity Employer

**Consent for Alcohol and Drug Screen Conditional Employment Agreement**

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

I acknowledge that my employment with BRYCON Corporation is conditional pending the results of my initial drug and alcohol screen. I further understand that if the results of the screen are positive, or if I fail to take the drug and alcohol test as required, my employment with BRYCON will be terminated and if I am within the first 48 hours of employment, I will be compensated at minimum wage for any hours due me.

I understand that in addition to pre-employment Alcohol and Drug Screens, BRYCON also requires, and will conduct, random and reasonable suspicion drug screens at any time during my employment. I also am aware that if I am involved in an accident of any kind that causes injury to myself or another and/or damage to any property or equipment, then I will be required to consent to an alcohol and drug screen. I hereby consent to give specimens of my urine or blood to any medical facility, laboratory, or medical personnel designated by BRYCON.

These specimens shall be used to detect the presence of alcohol and/or controlled substances (and their metabolites), including all substances (drugs) regulated by applicable law including the Controlled Substances Act. I further agree that upon request by BRYCON, the laboratory results of any tests performed shall be furnished to BRYCON. I further agree that I am considered a conditional employee until BRYCON receives my initial test results.

In the event that I should receive positive alcohol or drug results and choose to challenge those results, I am responsible to make arrangements to transfer the remaining sample to another accredited laboratory for retesting and will be responsible for any additional cost. I am also responsible for a drug test results consultation by a certified Medical Review Officer. I will authorize the testing facility to release the results of the test to BRYCON.

I further acknowledge that I have been advised of BRYCON's Alcohol and Drug Policy and agree to give specimen(s) of my urine or blood per the requirement of post-employment testing contained therein. I understand that positive results, any temperature below 90 degrees Fahrenheit or over 100 degrees Fahrenheit or refusal to take such a test are grounds for immediate termination.

My signature below acknowledges that I have read and understand the foregoing statements and the consents given herein.

**Signature:** \_\_\_\_\_



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**EMPLOYMENT VERIFICATION AND FORMER EMPLOYER RELEASE FORM**

The applicant named below is being considered for employment with Brycon. This individual has listed your organization as a former place of employment. In accordance with the release form signed by the applicant below, please provide the requested information and return the form to Brycon either by fax 505-892-3371 or email at careers@brycon.com.

Upon the request from Brycon, who may be considering me for employment, I request and authorize my reference and former employers to provide any information concerning my employment with them including but not limited to any evaluations and assessment of my performance and behavior while under their employment.

I knowingly and voluntarily release any former employer who provides any information to Brycon regarding my employment with that employer, including its officers, directors, supervisors, agents and employees from any and all causes of action, claims, and damages, known or unknown, arising out of, or in any way connected to, the issuance of my employment, including, but not limited to, claims of defamation, libel, slander, negligence, infliction of emotional distress, interference with contract of profession and any federal, state, or local law or ordinance.

I, \_\_\_\_\_, authorize you to release all information regarding my  
(Applicant's Print Name)  
employment with your company to Brycon Corporation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT DO NOT WRITE BELOW FOR PREVIOUS EMPLOYER**

|                             |                              |  |
|-----------------------------|------------------------------|--|
| Employment dates:           | From:                        | To:  |
| Job Title:                  |                              |  |
| Reason for Leaving:         |                              |  |
| Eligible for Rehire:        | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Conditional |
| Completed by (please print) |                              |  |
| Signature:                  |                              |  |
| Title:                      | Date:                        |  |