

Electronic Warfare Associates is an equal opportunity employer.

Application for Employment

Please type or print the requested information. EWA will notify you prior to contacting a current employer, professional or personal reference.

Type of Position For Which Applying	Salary Desired	Date
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I. Applicant Information

Last Name	First	Middle	Home Phone	
Street Address	City	State	Zip	Business Phone
Email	Place of Birth (city, state)	Cell Phone		
Are you a United States Citizen or legally eligible to work in the U.S.?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for employment with EWA, Inc. and/or its subsidiaries?				<input type="checkbox"/> Yes <input type="checkbox"/> No

II. Education Information & Training

Technical – College – University - Other				
NAME	LOCATION	MAJOR SUBJECT/COURSES	DATES ATTENDED	DEGREE/CERTIFICATE
High School Name	Location			Yr. of Graduation
Membership in Professional Associations & Other Qualifications, Licenses, Certifications				

IV. Military Service

Please complete this section if you have served in the U.S. Armed Forces.

Military Service	Dates of Active Service
Major Military Specialty	

V. Professional References

Name	Phone	Years Acquainted	
Address	City	State	Zip
Email	Name of Company		
Name	Phone	Years Acquainted	
Address	City	State	Zip
Email	Name of Company		
Name	Phone	Years Acquainted	
Address	City	State	Zip
Email	Name of Company		

VI. Signature

Please read carefully before signing.

Electronic Warfare Associates, Inc. and its subsidiaries (EWA, Inc.) are an equal opportunity employer. EWA, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for EWA, Inc. to hire me. If I am hired, I understand that EWA, Inc., or I can terminate my employment at any time and for any reason with or without cause and without prior notice. I understand that no representative of EWA, Inc. and its subsidiaries have the authority to make any assurance to the contrary. I authorize EWA, Inc. and its subsidiaries to obtain information about me from previous employers, references and education institutions. Applicants selected may be subject to a security investigation and may be required to meet eligibility requirements of access to classified information.

I attest with my signature below that I have given to EWA, Inc. true and complete information on this application. No requested information has been concealed. I authorize EWA, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date

Signature

Please copy and paste your resume below. If needed, you may use up to 3 pages.

Equal Employment Opportunity Voluntary Compliance Data

Electronic Warfare Associates, Inc. and its subsidiaries are subject to certain government record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, EWA, Inc., and its subsidiaries invite applicants to voluntarily self-identify their race, ethnicity, veteran status, and any disability (if applicable). Submission of this information is strictly voluntary. Refusal to provide this information will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable state and federal laws, executive orders, and regulations, including those that 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.

Gender:

Ethnic Origin:

Are You A Protected Veteran?

Voluntary Self-Identification of Disability

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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please select one from the box below:

Your Name

Today's Date

Voluntary Self-Identification of Disability

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.