Muskogee Technology/PCI Manufacturing **Application for Employment**

In order for you to be considered for employment with Muskogee Technology and PCI Manufacturing as relevant, all fields on this application must be completed. Please state "not applicable" if the field does not apply to you. The entity that you are seeking employment with is (may leave blank if you are uncertain): Muskogee Technology PCI Manufacturing Applying for: Regular Full-Time Position(s) applying for: Regular Part-Time Temporary Full-Time Temporary Part-Time Casual Help *Please note that your application will only be considered for positions listed on this application. Name

Last Name

The following question should only be answered if the primary office of the position will be within a commutable distance of an Indian reservation, and the position posting stated that it is subject to Indian preference.

Home Phone _____ Date of Application _____

If yes, which tribe:	Roll#	(For verification, provide copy of tribal ID)			
To be considered for a	ny applicable Indian preference,	, all verification thereof must be provided			
to the President/CEO by the application deadline. Please note that Indian preference shall be given subject					
to applicable federal law(s).					

Are you an enrolled member of a federally recognized Indian tribe? Yes No

Do you have any close relatives (blood or marriage), household members, or have any other family who is an employee of (or has a business relationship with) PCI, Creek Indian Enterprises ("CIE"), or an Ecke entity? Yes No

If yes, list name(s):

Have you ever been employed by PCI, CIE, an Ecke entity, or a PCI tribal enterprise? Yes No If yes, give dates of employment and last position:

How did you learn about this opportunity? Word of mouth Employee Agency Internet Other

EDUCATION:

Address

Email

Name & Location	Course of Study	Grades	Did you	Diploma/
		Completed	graduate?	Degree
High School				
College				

cational						
st Graduate						
you did not receive a high school diploma GED Certificate Date certificate received Certificate of Attendance					eck app	ropriate bo
MPLOYMENT HISTORY: (Start with your prese				provided in ar	attache	ed resume.)
mployer	From	Employed To	Work Performed			
ddress						
elephone #						
ob Title Supervisor			_			
eason for leaving						
1ay we contact this employer?						
Yes No						
mployer	Dates E From	Employed To	Work Performed			
ddress						
elephone #						
bb Title Supervisor			_			
eason for leaving						
1ay we contact this employer?						
Yes No						
mployer	Dates E From	Employed To	Work Performed			
ddress		<u> </u>				
all all and an area						
elephone #						
b Title Supervisor						

Reason for leaving	
reason for reaving	
May we contact this employer?	
Yes No	
<u> </u>	
a) Are you willing to work?	
Weekends/Holidays Shift Work Evening Work	Days Overtime
Yes No Yes No Yes No	YesNoYesNo
b) Do you have a valid driver's license? Yes No	Al -
c) Are you willing to travel and participate in training? Yes d) If applicable for position, are you able to lift: 25 lbs.	
d) If applicable for position, are you able to lift:25 lbs5 e) Are you able to stand for long periods of time? \(\subseteq\) Yes \(\subseteq\) No	0 lbs75 lbs100 lbs150 lbs.
f) Are you legally eligible to work in the United States? Yes	No (Proof of eligibility will be required upon
employment.)	
g) Are you over the age of 18 years? Yes No (If no, you m	ay be required to provide authorization)
Skip this question if the position is for any of the following states/ar	
Columbia, Hawaii, Illinois, Massachusetts, Minnesota, New Jersey, N	<u> </u>
Washington. Have you ever been convicted of a felony or misden	
necessarily disqualify an applicant from employment.) If yes, please ex	ilain.
List any skills, knowledge, experience, or other relevant qualification	, including military experience and training (i.e.
computer skills, certificates, financial, security, food and beverage, light	
1. At proceed are you locally outboried to work in the United Cto	No. with out on a good ship?
 At present, are you legally authorized to work in the United Sta Are you, or is a member of your family (blood or marriage), and 	· · · · — —
consultant, or agent of an Ecke entity? Yes No	imployee of a competitor, customer, supplier,
3. Do you have a family member (blood or marriage) who works f	or an Ecke entity? Yes No
If so, provide your relationship, their title and their place of em	ployment:
4. Do you or a family member (blood or marriage) who receives a	
or other payments from a competitor, customer, supplier, cons	ultant, or agent of an Ecke entity? 🔲 Yes 🗌 No
5. Do you or does a member of your family (blood or marriage) ho	ld a financial interest in a Ecke entity's
independent auditor, REDW? Yes No	
6. Do you or a family member (blood or marriage) serve as a paid	· <u> </u>
to a competitor, customer, supplier, consultant, or agent of an	· — —
7. Do you have a potential conflict of interest that warrants discloves, please explain Yes No	sure (that is not otherwise covered above)? If
8. Are you willing to relocate? Yes No	
9. Are you willing to travel? Yes No	
10. Have you ever served as a member of the U.S. Armed Forces (in	cluding the National Guard/Reserves)? Yes
No (If so please indicate which branch)	, , , , , , , , , , , , , , , , , , , ,
I have not served in the Armed Forces	
US Navy	
US Army	
USMC	

US Coast Guard
☐ Air Force
If you served in the U.S. military, what was your MOS or military specialty? (Please enter this as the code, not
the description):
11. Do you have a current Security Clearance? If so what type? Yes No
I have never been cleared
I do not have a current clearance, but have held one in the past.
Confidential, Public Trust, or Moderate Risk Public Trust (MRPT)
□ NACI
NATO Clearance or Access
Secret
☐ Top Secret
☐ Top Secret/SCI
Top Secret/SCI w/Counterintelligence Polygraph
Top Secret/SCI w/Full-Scope Polygraph

Conflict of Interest

Ecke is a government contractor and does business all over the world. Governments impose certain regulatory requirements that affect Ecke, its employees and candidates for employment. Ecke reviews all potential hires as part of its anti-corruption program. In order to ensure compliance with these regulatory requirements, Ecke requires all applicants to complete this form.

Before you begin, please take the time to read these IMPORTANT instructions on how to answer the following two questions.

If you are a government employee, you know the importance of complying with conflict of interest laws restricting the discussion of possible employment with government contractors. Failure to comply with such laws can result in severe penalties for you and Ecke. Therefore, we require all government employees to complete questions that relate to your employment. Ecke requires you to provide a copy of any applicable <u>disqualification</u>, recusal, ethics opinion, or other writing that evidences your compliance with these laws.

Below, in Question 1, you will respond to the following question "Are you currently employed by or serving in any agency, department, office of a government or branch of military?"

You should answer "Yes" if you meet any of the following conditions:

- a. Currently employed by a government entity, worldwide (country, state, province, municipality, local, etc.) at the pay grade of or equivalent to the United States (U.S.) Office of Personnel Management (OPM) General Schedule level GS-13 or above;
- b. Currently serving in or employed by a military service, worldwide (including active duty, reserves, National Guard, militia, etc.) at or the equivalent to the U.S. military rank of O-5 or above?
- c. Currently employed by a state-owned, controlled or operated entity (airline, utility, financial institution, etc.)?

In Question 2, you will respond to the following question, "Does your current employment involve Ecke matters or any matters of its subsidiary or affiliated companies?" This question establishes whether your current employment involves Ecke, or an Ecke affiliate.

You should answer "Yes" if you meet any of the following conditions:

- a. Acceptance, inspections, safety rulings, or approval of Ecke and/or its affiliated company's products or services;
- b. Financial responsibilities including work on Ecke (or an Ecke affiliate's) contracts, procurements, program management, funding decisions, trade issues, claims, and import or export licenses;
- c. Ecke audits, investigations, and litigation; or

d.	Serving as an employee of the U.S. Defense Contract Audit Agency (DCAA), or U.S. Defense Contract Management Agency (DCMA).
a. b.	You may answer "NO" if you are currently: An employee of a Ecke entity; Employed as a contractor for Ecke or contract hire through an agency or consulting firm; Performing routing machine maintenance, repairs and service on Ecke products or work.
These o	juestions must be answered completely and submitted to certify the accuracy of your answers.
	ou currently employed by or serving in any agency, department, office of a government, or military branch, as in the directions above? Yes No
	provide the following information regarding your current position: (A) Name of employer; (B) Current military g., O-5, Lt. Colonel or Commander) or civilian pay grade (GS-13, SES, WS-16, Senior Staff, etc.); and (C) Title or n.
-	your current employment involve Ecke or an Ecke affiliate, as defined in the directions above? one Yes No

Applicant Privacy Policy

Please explain.

Ecke's Commitment to Privacy. Ecke and its affiliates respects the privacy of applicants and employees, and is committed to complying with applicable privacy and personal data protection laws in every country in which we operate. This Applicant Privacy Policy is intended to inform you about how the personal information you submit as a job applicant, will be handled and protected by Ecke.

Why We Collect and Use Your Personal Information. Ecke collects and uses your personal information for the purpose of determining your qualifications for employment and reaching a hiring decision, as well as to comply with applicable laws and regulations, such as laws related to the evaluation of those seeking employment, or to defend ourselves in claims under such laws. Relevant portions of your personal information, if you are hired, also will be used to establish a basic employment record. We do not collect or use the personal information you submit as a job applicant for unrelated purposes.

How We Collect Personal Information about You. Most of the personal information Ecke collects about you is collected directly from your application and resume or curriculum vitae, which is stored on servers located in the United States. We may also collect this type of information from you through other channels and the data may be stored on servers in other jurisdictions. We may also collect information about you from third parties, in order to: (a) verify information about your credentials, such as education and prior employment, (b) follow-up on references that you may provide, and (c) conduct background investigations. It is Ecke's policy to collect such information from third parties only with your knowledge and agreement. Should Ecke wish to obtain such third party information about you, and you have not completed an employment application authorizing us to do so, we will contact you and request your authorization to proceed.

Disclosures of Your Personal Information. Access to your information will be restricted to those Ecke staff and designated agents who have a need to know the specific information in question in order to carry out their responsibilities with regard to recruitment or employment law. Your information may also be disclosed to governmental entities in compliance with applicable law in the United States and other countries, such as to those agencies authorized to review and enforce equal opportunity laws. We do not disclose applicant information to job banks, or to other companies or external parties.

Your Access to Your Personal Information. If you provide your information through one of our recruitment channels, you will be informed how to access and update that information in that channel. Once your resume is submitted for a specific opening, you will not be able to update the information contained in that copy of your resume. A new resume may be submitted when applying for other positions.

Retention and Deletion of Your Personal Information. Ecke retains your personal information only as long as is necessary for evaluation for employment, as well as to comply with applicable laws relating to the evaluation of those seeking employment. After this time, normally within four years, your information is deleted, unless you consent to Ecke retaining your information for a longer period of time.

Safeguards. Ecke uses appropriate administrative, technical, personnel, and physical measures to safeguard your personal information against loss, theft, and unauthorized use or modification. In addition, we exercise special precautions in dealing with applicant personal data defined as sensitive by law. For example, when satisfactory completion of a medical examination is a condition for being hired, no medical information, apart from overall suitability or unsuitability for employment, is provided to hiring managers or stored in a new employee's personnel file.

Applicants from California. The California Consumer Privacy Act ("CCPA") provides California job applicants with specific privacy rights. Applicants are entitled to receive notice about the categories of personal information Ecke collects about them and how that information is used, as described throughout this notice. Please contact the Ecke Human Resources Office with inquiries, questions, or requests regarding Ecke's processing of your personal information.

Communications from Ecke. Ecke may contact you, using the contact information you have provided, for purposes of responding to your application for a particular job or jobs. In addition, you may be notified about new jobs matching your preferences and other events and announcements if you consent to these types of processing.

Contact Us. If you have questions about Ecke's processing of your personal information, or wish to file a complaint about it, please contact the President/CEO using any of the following methods: phone: 251-368-0818 or email: wwoodruff@pci-mfg-llc.com

Changes to This Policy. From time to time Ecke may need to revise this Applicant Privacy Policy. Should we do so, we will also change the date indicated below. We encourage you to check back periodically, in order to be aware of the most recent version of the Applicant Privacy Policy.

Consent to process personal information. Information you provide will be used based upon your consent to the provisions of this policy indicated by your submission of data. You may revoke this consent by contacting the President/CEO via the methods describe above.

Signature	Date		
Yes, I have read and consent to the terms an	d conditions.		
Effective Date: January 1, 2020			

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 5/31/2023

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. 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.

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:

- 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

YES, I HAVE A DISABILITY (or previously had a disability) NO, I DON'T HAVE A DISABILITY I DON'T WISH TO ANSWER
Name:
Signature:
Date:

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.

EEOC Statement

- Ecke is an equal opportunity employer. We evaluate qualified applicants without regard to race, age, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, and other protected characteristics EOE/AA/M/F/D/V; provided that, in compliance with applicable federal law, Indian preference may be given with regard to certain positions.
- Equal Opportunity Employer/Protected Veterans/Individuals with Disabilities.
- Please view Equal Employment Opportunity Posters provided by OFCCP.
- Ecke will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information. 41 CFR 60-1.35(c)

The following statements are part of this application. Read them carefully and sign below.

1. APPLICATION CERTIFICATION

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 are grounds for dismissal.

2. AGREEMENT TO TESTING

I understand and agree that I may be required to submit to test(s), i.e. oral, written, physical, manual or any combination of these as a condition of hiring or continued employment. I agree to consent to take such test(s)

at such time as designated by Ecke and to release the Ecke and its managers, officers, agents or employees from any claim arising in connection with the use of such tests(s).

3. DRUG TESTING

To the extent allowed by applicable law, I accept the conditions for consideration of employment and I consent to the requirements of a urine, swab, or other allowable type of drug test per Ecke's drug-free workplace policies and testing guidelines/procedures. To the extent allowed by applicable law, I agree to submit to a swab, urine, or any other type of drug test, and I authorize the testing facility to provide the results of this test to Ecke. I consent freely and voluntarily to Ecke's request for a saliva, urine, or other lawful type of sample and hereby release and hold harmless Ecke and its managers, employees, agents, members, and officers from any liability whatsoever arising from this request to furnish a sample, the testing of my sample, and any decision made concerning my application for employment based upon the results of the test. To the extent allowed by applicable law, I further understand that if employed, I am subject to random, post-accident, and reasonable suspicion drug and/or alcohol testing.

4. AUTHORIZATION AND RELEASE

I authorize investigation of all statements contained in this application and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have. I authorize the verification of licenses and/or certificates that may be required for the position I am being considered for. By signing below, I grant permission to release information to the Ecke, relating to my work, academic experience and/or driving record. I further understand that information obtained may be used by the Ecke, in its sole discretion and without liability, to determine eligibility for initial employment. I am willing that a photocopy or faxed copy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

I authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, county association or institution having control of any documents, records or other information pertaining to me, to furnish to the Ecke human resources department any documents or records pertaining to any criminal offense that I may have committed.

I hereby release, discharge, and exonerate Ecke and the Ecke human resources department, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or information requested.

I have read items 1, 2, 3, & 4 above and acknowledge, agree, and consent to all terms and conditions therein.

Complaints about the recruitment or selection process for employment should be directed in writing to office of the President/CEO.

PRINTED APPLICANT NAME	APPLICANT SIGNATURE	DATE