

Download and complete the application
Return application
via email to holly@ncpcoatings.com
or print and deliver in person



We appreciate your interest in our organization! A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgement, best meets your qualifications, and to determine if such a position is available. In the event you are hired, your duties shall include those duties assigned to you from time to time by any officer or supervisor of NCP Coatings, Inc. and you will be expected to assist in all such duties requested.

We are an equal opportunity employer and will not unlawfully discriminate based on race, age, gender, color, religion, sexual orientation, gender identity, or other category protected under applicable state or federal law. (All employees must be at least 18 years of age to work in our facility.)

Personal Information

Name _____

Address _____

Contact Information _____ - _____ - _____

Are you authorized to work in the United States? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____

If yes, when? ____/____/____

Who was your supervisor? _____

Reason for leaving/dismissal? _____

How did you hear about us? _____

What, if anything, do you know about NCP Coatings? _____

Please list any friends, acquaintances or relatives working here: _____

Employment Details

What skills, certifications, experiences, or personal characteristics do you have that would add value to us?

In a few words, discuss how those closest to you would describe you: _____

What characteristics are you looking for in a company? _____

What is your desired wage? \$ _____ When would you be able to start if hired? _____

What shifts are you able to work (plant only)? Any _____ Only 1st _____ Only 3rd _____

For those applicants in Michigan, Michigan law requires employers to make reasonable accommodations to qualified handicapped applicants and employees where the employee makes their need known to the employer, requests an accommodation and such accommodation does not impose an undue hardship on the employer. With respect to State of Michigan Persons with Disabilities Civil Rights Act claims, persons with disabilities and applicants must request an accommodation of their handicap by notifying us *in writing* of the need for accommodation within 182 days of the date the person with a disability knows or reasonably should know that an accommodation is needed. Failure to properly notify us will preclude any claim that the employer failed to accommodate the person with a disability, however, this does not waive your rights under the ADA Act of 1990, as amended.

Complete Employment History

Please start with your most recent job first.

Employer: _____

Location: _____

Position(s) Held: _____

Primary Job Duties: _____

Duration of Employment: (From) ____/____/____ (To) ____/____/____ or Present ____

Pay Rate: (Starting) \$ _____ (Current/Ending) \$ _____

Reason for Leaving: _____

Employer: _____

Location: _____

Position(s) Held: _____

Primary Job Duties: _____

Duration of Employment: (From) ____/____/____ (To) ____/____/____ or Present ____

Pay Rate: (Starting) \$ _____ (Current/Ending) \$ _____

Reason for Leaving: _____

Employer: _____

Location: _____

Position(s) Held: _____

Primary Job Duties: _____

Duration of Employment: (From) ____/____/____ (To) ____/____/____ or Present ____

Pay Rate: (Starting) \$ _____ (Current/Ending) \$ _____

Reason for Leaving: _____

Education

	Name of Institution	Years Completed	Diploma/Degree/Certification
High School			
College			
Vocational Training			

Professional References

Please do not include relatives. Be sure to advise these people in advance.

	Name	Best contact information	Relationship and years known
1			
2			

Additional Information

As part of the onboarding process, NCP Coatings will conduct a background check using a third-party vendor. In addition, you will be required to submit a sample of saliva or urine for a drug screen. Because we supply paint to the government, we are required to complete both a background check as well as a drug test for any employee directly in contact with the paint-making process. If you choose not to submit to either one of these screenings, it could jeopardize your employment with NCP.

Have you ever been convicted of a felony? Yes _____ No _____

If so, where, when, and what is the nature of the offense? _____

Do you have a valid driver's license or state issued ID? Yes _____ No _____

Please state any additional information you would like us to consider while reviewing your application.

Authorization and Understanding

Upon the signing of this application, I represent that the information now or hereafter given by me in support of my application with NCP Coatings, Inc, (NCP) is true and complete. I authorize NCP to verify any of the information concerning my employment, education, or driving history with the appropriate individuals, companies, institutions or agencies, and to conduct a criminal history background check, and I authorize them to release such information as NCP requires, including any record of disciplinary action, without any obligation to give me written notice of such disclosure. I also authorize NCP to release any information (excluding medical information) request by any of my prospective or subsequent employers without any obligation to give me notice of such disclosure. I hereby release NCP and such other third parties from any liability whatsoever as a result of such inquiries and disclosures except as prohibited by law. I agree that any false or incomplete information that causes my application to be misleading may subject me to discharge at any time during the period of my employment.

I acknowledge that any offer of employment extended by NCP may be contingent upon the results of a criminal background check and drug test results. By signing below, I authorize and consent to complete these requirements. I understand that results will be maintained in my personnel files held in HR and results information will only be disclosed to managers, supervisors, first aid and/or safety personnel regarding necessary restrictions or accommodations with respect to assigned work or for safety and/or medical purposes or to HR or NCP's legal representatives as required in the ordinary course of business.

I agree that my employment, if hired by NCP, is "at-will" and either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this policy may only be altered in writing directed to me personally and signed by the CEO of NCP. I agree that I will be bound by the other rules, policies, regulations, and terms and conditions of employment of NCP as they are from time-to-time implemented, modified, or changed, and no additional obligations can be imposed on NCP except those which have been acknowledged in writing and approved by Management.

I agree that any action (excluding governmental, statutory administrative proceedings) or suit against NCP arising out of or related to my application, employment, or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be submitted within the short of 180 days of the event giving rise to the claim or the applicable statute of limitations, or be forever barred. I waive any limitation periods to the contrary, with the exception being that this agreed to limitations period does not supersede the Federal Equal Employment Opportunity Commission or other applicable Statutes or regulations that may extend this period as provided by law. I acknowledge that this 180-day limitation on actions forms an Agreement between myself and NCP and may not be unilaterally modified.

Applicant's Signature

_____/_____/_____
Date

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

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. We are also required to measure our progress toward having at least 7% of our workforce be individuals 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.

How do you know if you 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

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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: _____

Voluntary Self Identification Form (Applicant)

Name: _____ Date: _____

Signature: _____

Voluntary Self-Identification of EEO Status

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to 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 Human Resources Department. Please return completed forms with your application of employment.

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 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.

AM I A PROTECTED VETERAN?

The Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended (38 U.S.C. § 4212), prohibits discrimination against protected veterans.

Under VEVRAA, a veteran may be classified as a "disabled veteran," "recently separated veteran," "active duty wartime or campaign badge veteran," or "Armed Forces service medal veteran."

DETERMINE YOUR VETERAN STATUS

1 Did you serve on active duty* in the U.S. Military?

*See 38 USC § 101(21) for a full list of service that may be counted as active duty.

2 Were you discharged or released from service under conditions other than dishonorable?

If you answered "yes" to the above questions, continue to the questions below. If you answered "no" to any of the questions, you may not be considered a protected veteran.

DETERMINE IF YOU ARE PROTECTED UNDER VEVRAA

DISABLED VETERAN

- Are you a veteran of the U.S. Military 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
- Were you discharged or released from active duty because of a service-connected disability?

RECENTLY SEPARATED VETERAN

- Were you discharged or released from active duty within the last three years?

ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN

- Did you serve on active duty during one or more of the periods of war outlined in **38 U.S.C. § 101**?[†]
- Did you serve on active duty in any campaign or expedition for which a campaign badge has been authorized under the laws administered by the **Department of Defense**?

ARMED FORCES SERVICE MEDAL VETERAN

- Did you serve on active duty in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985 (61 FR 1209) and were you awarded the Armed Forces Service Medal?
- If you were awarded the Armed Forces Service Medal, is it listed on your **DD Form 214**?

If you answer "yes" to any questions in the above categories, you may be protected under VEVRAA. A veteran may qualify in more than one category. If you do not fall into any of the categories, you may not be a protected veteran.

Please note that this page provides general information. It is not intended to substitute for the actual law and regulations regarding the program described herein.

[†]Period of War Dates: Korean Conflict June 27, 1950 - January 31, 1955; Vietnam Era February 28, 1961 - May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 - May 7, 1975 for all other cases; Persian Gulf War August 2, 1990 - current.

If you do not have a DD-214 Form, or have additional questions about your veteran status, please contact the Department of Veterans Affairs at 1-800-827-1000.



OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS
U.S. Department of Labor

Voluntary Self-Identification of Veterans

Definitions

This employer 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.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, 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.