

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

General Information (This area must be completed):				
Today's Date:	When are	you available to report to w	ork?	
Position Desired: 1.	2.		Salary Desired: \$	
Personal Information - e-mail:		D	river's License Number (State and No.)	
Full Name (Last, First, Middle)		Maiden/Other Names	Social Security Number	
Street Address City	State	Zip	Area Code/Telephone	
Yang Enterprises, Inc. News	g Enterprises, Inc. ("YEI mal Publication spaper Ad te Employment Agency	l"): Another Company State Employment A Other	Name of agency, publication, company, or other source	
Which work schedule do you desire? Are you on lay-off and subject to recall? Will you work overtime if required? Which shifts will you work? Will you travel if the job requires it? Will you relocate if the job requires it? Are you over age 18?	☐ Regular ☐ Temporary ☐ Yes ☐ Yes ☐ First ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	Part-time Summer No No Second Third No No No	Do you have relatives Yes employed at YEI? No If yes, list names and how related below	
Are you able to perform the essential fur of the position(s) applied for with or wit reasonable accommodation?		□No		
Have you ever been employed with YEI?				
References List 3 persons familiar with your technic	al ability and work perfo	ormance whom we may con	tact for reference (exclude relatives). We	
will assume we have your permission to Name (Last, First, Middle)		s unless you indicate to the ddress (City, State, Zip)	Area Code/Telephone No.	

Yang Enterprises, Inc. Form: 700-003

Education

	ipts of academic records if readily		Attended	Major		Grade Point	Degree
Schools Attended	Name and Address of School	From (Mo/Yr)	To (Mo/Yr)	Field of Study	Did you graduate?	Average (e.g. 3.2/4.0)	and Dat Receive
High School		(====, ==)	(1.20, 2.3)				
College							
Graduate							
Trade or Technical							
Thesis or signi	 ificant research in Graduate School	or Ph.D. prog	ram:				
Eausies I							
Foreign Land Do you speak,	read, or write a foreign language?		If yes, please in	ndicate the for	eign language	e(s) below.	
	Fluently	□ No	Good	1		Fair	
Speak							
Read							
Write							
List publication engineering, or other desired or other d	lude all information indicative of a ons accredited to you or any scientific rindustry awards received. nal Goals* occupational goal in the next five you	fic, business,	List scient		industry socie	eties or association	ns you

*If you require additional space, please use attachment.

Yang Enterprises, Inc. Form: 700-003

Employment History*

This section must be completed in full. USING "SEE RESUME" IS NOT ACCEPTABLE. Please list your employment history for the last 10 years. Note any periods for which you were not employed.

for which you were not employed.		
Employer (Present or Most Recent)	Street Address, City, State	e, Zip
Your Job Title	Supervisor Name and Title	e
Description of your duties:	From (Mo/Yr)	To (Mo/Yr)
	Base Pay	Starting Pay Final Pay \$ Per \$ Per
	Reason for Leaving	5 FCI 5 FCI
May we contact you at your Yes May we contact your present Yes	If yes, please enter Area C	Code/Telephone
present place of employment? No employer for references? No	No.	
Employer (Present or Most Recent)	Street Address, City, State	e, Zip
Your Job Title	Supervisor Name and Title	е
Description of your duties:	From (Mo/Yr)	To (Mo/Yr)
	Base Pay	Starting Pay Final Pay \$ Per \$ Per
	Reason for Leaving	
Employer (Present or Most Recent)	Street Address, City, State	e, Zip
Your Job Title	Supervisor Name and Title	e
Description of your duties:	From (Mo/Yr)	To (Mo/Yr)
	Base Pay	Starting Pay Final Pay \$ Per \$ Per
	Reason for Leaving	V V V V V V V V V V
Employer (Present or Most Recent)	Street Address, City, State	e, Zip
Your Job Title	Supervisor Name and Title	е
Description of your duties:	From (Mo/Yr)	To (Mo/Yr)
	Base Pay	Starting Pay Final Pay \$ Per \$ Per
	Reason for Leaving	Ψ
Employer (Present or Most Recent)	Street Address, City, State	e, Zip
Your Job Title	Supervisor Name and Title	e
Description of your duties:	From (Mo/Yr)	To (Mo/Yr)
	Base Pay	Starting Pay Final Pay
	Reason for Leaving	\$ Per \$ Per
	Reason for Leaving	

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^{*}If you require additional space, please use attachment.

Security Information

1.	Have you ever been ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION or QUESTIONING or CHARGEE by ANY LAW ENFORCEMENT or PROSECUTING AUTHORITY, TO INCLUDE THE MILITARY? ALL incidents MUST BE INCLUDED, even though charges were dismissed or you merely forfeited collateral, even IF ADJUDICATION WAS WITHHELD. If YES, list below. You may omit anything that happened before your 16th birthday. Do not include TRAFFIC violations for which a fine of less than \$100.00 was imposed.					
	DATE CHARGE	PLACE (City & State)	ACTION TAKEN			
		,				
2.	Yes No No	action for an intentional tort (i.e., assault, less regarding the nature of the tort, the date degal proceeding.	•			
3.	employment with YEI. Your response w	last two questions, the answer(s) will not a ill be considered by YEI together with othe tered into a plea bargain agreement or been				
4.	Have you ever been a user of alcoholic be A. The loss of a job Yes B. Arrest by police Yes C. Treatment for alcoholism Yes If yes, please explain:	everages which has resulted in: No No No No				
5.	Have you ever ILLEGALLY USED or E. Yes No If yes, please explain:	XPERIMENTED with DRUGS, to include	MARIJUANA?			

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6.	Have you ever been emotionally/mentally ill, received psychotherapy, or been a patient in a hospital, institution, clinic or medical facility for the treatment of mental/emotional illness, to include depression. Yes No If yes, please explain:
7.	Have you ever petitioned to be declared bankrupt or otherwise been the subject of bankruptcy proceedings or had a lien for non-payment of debts filed against your property? Yes No If yes, please explain:
8.	Have ANY actions in bankruptcy court or ANY civil judgments ever been entered against you? Yes No If yes, please explain:
9.	Have you ever been terminated from a job for any reason other than a voluntary resignation or a reduction in force (lay off)? Yes No If yes, please give date, employer, reason:
10.	To your knowledge, have you ever been investigated for, or granted a security clearance or access authorization by any department or agency of the Federal Government? Yes No If yes, list granting agency, type of clearance and date granted:
11.	Have you ever had a security clearance or access authorization denied, suspended, revoked? A. Denied Yes No B. Suspended Yes No C. Revoked Yes No If yes, please give date, agency and reason:

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U.S. Military Service				
Did you serve in the Armed Forces?	Yes	☐ No	Branch of Service	
D. CG.			T.	
Date of Service: From			To	
Rank at Discharge				
Present Active Duty Commitment				
Have you ever been released from the Arr	med Forces with	other than a	n honorable discharge or under less than honorable condit	ions?
☐ Yes ☐ No				
If yes, please explain:				
Are you eligible for re-enlistment?	Yes N	0		
Have you ever been released from the Arr	med Forces prio	r to completi	on of the date of contract or commitment? Yes	□ No
If yes, please explain:				

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Application Agreement

Please read the following statements carefully. They constitute the conditions for employment with Yang Enterprises, Inc.

- I authorize Yang Enterprises, Inc. to inquire of my schools, former associates, employers or customers.
- I understand that employment depends on a need for my services, satisfactory replies from my references, and favorable report from any required medical examination.
- In consideration of my employment, I agree to conform to the rules and regulations of Yang Enterprises, Inc.
- I understand that no manager or representative of Yang Enterprises, Inc. has authority to enter into any agreement for employment for any specified period of time, and my employment with Yang Enterprises, Inc. is at will and may be terminated by myself or Yang Enterprises, Inc. at any time. I also understand that company booklets describing benefits and the employee handbook are not intended to be contracts of employment and may be altered, amended, discontinued, or modified as Yang Enterprises, Inc. sees fit and appropriate.
- Although management makes every effort to accommodate individual preferences, business needs may at times make the
 following conditions mandatory: overtime, shift work, rotating work schedules, travel, or a work schedule that includes
 Saturday and Sunday. I understand and accept these as conditions of my continuing employment.
- If a United States Government security clearance is required after employment, I will make application for same. I understand that my application is contingent upon obtaining all necessary and applicable security clearance.
- I will provide to a company representative the required documentation to establish my employment eligibility in accordance with the immigration reform and control act.
- It is the policy of Yang Enterprises, Inc. to maintain a program for achieving a drug & alcohol free workplace in order to maintain a workplace free of illegal use and abuse of drugs & alcohol. Yang Enterprises, Inc. will implement any method or procedure that is appropriate or required by a government agency or to fulfill a written contract between Yang Enterprises, Inc. and a customer. I agree to submit to such procedure(s) or method(s).
- I hereby certify that the information given in this application form is complete and accurate. I also understand that any misrepresentation, falsification, omission or other such conduct will result in my ineligibility for employment and immediate termination, even if I have been subsequently employed.

Signature of Applicar	nt	Date	
We will review your	qualifications and will make every effort to	reach a decision as quickly as possible.	
Office Location:	1420 Alafaya Trail, Suite 200 Oviedo, Florida 32765	Telephone: (407) 365-7374 Fax: (407) 365-2650	
Web Site:	www.yangenterprises.com	Email: jobs@yangenterprises.com	

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Revised: January 12, 2015 7 of 9



APPLICANT SELF IDENTIFICATION

Na	ime:			
	Last	First	Middle	_
that Gov This coop treat indi To a	we meet equal opportuniternment. The confidential is information will not be upperation. Your decision to timent. Submission of this viduals will only be used in a cassist in appropriate identifier in the case to belong, identifies with the copriate boxes:	ity requirements by reporting information requested be used in any way to make provide or not provide the information is strictly accordance with federal regulation, an applicant may the or is regarded in the continuous transfer.	native action employer. We must demonstrate orting statistical information to the Federa low is necessary for reporting requirements employment decisions. We appreciate you e information will not result in any advers voluntary. Information obtained concerningulations. be included in the group to which he or shommunity as belonging to. Please check the	al s. ur se ng
Ш	_			
	White - (Not of Hispanic Origin)	All persons having origin North Africa or the Midd	s in any of the original peoples of Europe, le East.	
	Black or African American - (Not of Hispanic or Latino)	A person having origins i	n any of the black racial groups of Africa.	
	Hispanic or Latino	A person Cuban, Mexican other Spanish culture or o	n, Puerto Rican, South or Central American, origin, regardless of race.	r
	Asian (Not Hispanic or Latino)	Southeast Asia, the Indian	n any of the original peoples of the Far East, a Subcontinent, including, for example: Japan, Korea, Malaysia, Pakistan, the nd, and Vietnam.	
	Native Hawaiian or Pacific Islander (Not Hispanic or Latino)	A person having origins i or other Pacific Islands.	n any of the peoples of Hawaii, Guam, Samoa	ı,
	American Indian or Alaska Native (Not Hispanic or Latino)		n any of the original peoples of North and g Central America), and who maintain tribal attachment.	
	Two or More Races (Not Hispanic or Latino)	All persons who identify	with more than one of the above five races.	
	Disability	impairment which substan	neans any person who has a physical or menta ntially limits one or more of such person's record of such impairment, or is regarded as	ıl
		Using this definition as st yourself as a disabled ind	ated above, please check the box to identify ividual.	
		□ VES	□NO	

Yang Enterprises, Inc. Form: 700-003a Revised: January 9, 2018



APPLICANT SELF IDENTIFICATION

Veteran Status (Applicable to U.S. Military Veterans Only)

The information provided will be used only in ways that are not inconsistent with the VEVRA. The information you submit will be kept **confidential**, except that (i) supervisors and managers may be informed regarding restrictions in the work or duties of special 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 official engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

s Act, may be informed.
Means (i) 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 Department of Veterans' Affairs for the disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veterar who has been determined under section 38 U.S.C. 3106 to have a serious employment or handicap or (ii) a person who was discharged or released from activity due because of a service connected disability.
Means a person who: (i) served on active duty in the U.S. military, ground, naval or air services for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.
Includes any veteran who served on active duty in the U.S. military, ground, naval, or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense
Any veteran who served on active duty in the U.S. military, ground, naval, or air service during the one year period on the date of such veteran's discharge or release from active duty.
at the data shown is correct.
Date
m to: Alafaya Trail, Suite 200, Oviedo, FL 32765
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