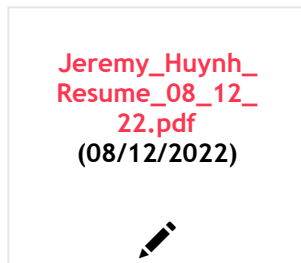


English US (English US) ∨

Career Opportunities: Permit Technician 1 (140363)

Already a registered user? [Please sign in](#)

* Resume / CV



Cover Letter



Accepted file types: DOCX, PDF, Image and Text (MSG, PPT and XLS file types are not accepted for resume or cover letters)

Email Address: *

Retype Email Address: *

Choose Password: *

[Show](#)

- Password must be at least 8 characters long.
- Password must not be longer than 18 characters.
- Password must contain at least one upper case and one lower case letter.
- Password must contain at least one number or punctuation character.
- Password must not contain space or unicode characters.

Retype Password: *

[Show](#)

First Name: *

Middle Name

Last Name: *

PERSONAL INFORMATION

Please populate your legal name in the name fields provided

Salutation



Mobile Phone*

Country of Residence*



State / Province

California

City

Chino Hills

Address line 1

15717 Sleepy Oak Rd.

Address line 2

Zip / Poste Code

91709

EMPLOYMENT INFORMATION

Total Years of Experience is a valuable information to include on your application

Total Years of Experience

0.00

Willingness to travel?

10-25%

▼

CANDIDATE SOURCE

How did you learn about this opportunity?*

Employee Referral

▼

Provide details related to the selection above*

Current Employee

▼

If other, please specify:

If source is employee referral, provide employee's name and email address in the fields provided below

Employee's Name (first and last)

Trang Huynh

Employee's Email Address

trang.huynh@bureauveritas.com

**NOTICE OF EEO RIGHTS & INVITATION TO VOLUNTARILY
SELF-IDENTIFY**

Your Rights Under Federal Law

To review the “EEO is the Law” poster that communicates applicant and employee rights under Federal law and RBC’s commitments as an equal opportunity/affirmative action employer, please click here: [EEO Poster](#) [EEO Poster Supplement](#)

Voluntary Self-Identification of Sex, Ethnicity, Race and Status as a Protected Veteran

Why are you being asked to complete this form?

We are a government contractor subject to Executive Order 11246 and the Vietnam Era Veteran Readjustment Assistance Act of 1974, as amended, and must take affirmative action to ensure that applicants and employees are treated in employment without regard to their race, color, religion, sex, sexual orientation, gender identity, national origin or status as a protected veteran.

To ensure that we collect information needed for government compliance and business reporting purposes, we are seeking your answer pertaining to each of the factors listed below. Although you may have provided us with your answers previously, we are legally required to request them again at this time. Providing us with your answers is voluntary but we would greatly appreciate it if you would elect to do so. Any answers you give us will be kept private and not used against you in any way.

Sex

Male

**Ethnicity or Race (As defined by the Equal Employment Opportunity Commission)**

Hispanic or Latino (ALL Races) refers to a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) refers to 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) refers to a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) refers to a person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) is a person having origins in any of the original peoples of the Far East, Southeast Asia or Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino) is 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) is a person having origins in more than one of the following races: White, Black or African American, Native Hawaiian or Other Pacific Islander, Asian or American Indian or Alaskan Native.

Ethnicity

Not Hispanic or Latino



Race

Asian



Protected Veterans Status (As defined by the Office of Federal Contract Compliance Programs)

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.

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.

Active 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.

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.

Veteran / Military Status

I am not a protected Veteran

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.

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

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 (i). 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 check one of the boxes below:

Disability Status:

NO, I DO NOT HAVE A DISABILITY

Your Name:

Jeremy Huynh

Today's Date:

08/12/2022



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.

ⁱSection 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.

Pay Transparency Policy - Posting Notice

Bureau Veritas is a government contractor that complies with Executive Orders 11246, 13672, 13665, as well as Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA). As such, the term "contractor" will apply to Bureau Veritas as stated in our Pay Transparency Policy. Please click here to view the policy: [Pay Transparency Policy](#)

APPLICANT ACKNOWLEDGEMENT

Please read carefully before signing. If you have any questions regarding the above questions / statements, please ask for assistance.

I certify that all information I have provided in order to apply for and secure work with the employee is true, complete and accurate. I understand that any information provided by me is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered I authorize the Company and its representative to make any lawful inquiry or investigation that they may deem desirable of the answers, information and references provided by me and to secure additional information about me, including without limitation, performing a background check concerning me. I further agree to sign all necessary documents to enable the Company to conduct such lawful inquiry or investigation. I further authorize my present employer, previous employers, public agencies, licensing authorities, educational institutions and references to provide any such information to the Company. I further release the Company and its representatives, my present and former employees, and all other persons listed, from any liability and damages or whatever nature arising from receiving or furnishing of such information. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I agree to conform to the rules, regulations, policies and procedures of the Company and its affiliates. I understand that the Company may change, amend or eliminate any of its rules, regulations, policies and procedures at any time, in any way and without notice.

I also understand that, if hired, I will be an employee at will and the Company or I may terminate my employment at any time, with or without cause, and or without notice. I further understand that neither this application, nor any other communication from the Company or its representatives (other than a written contract signed by an officer of the Company) is intended to create a contract of employment, and that no representative of the Company has the authority to make assurances of the contrary. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in that regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Acknowledgment*

I Accept



Your Name*

Jeremy Huynh

Today's Date *

08/12/2022



Questions

1. Are you able to perform the essential duties of the position for which you are applying?

☒ Yes☐ No

2. Are you at least 18 years of age?

☒ Yes☐ No

3. Are you authorized to work in the US?

☒ Yes☐ No

Country/Region of Residence:*

United States



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