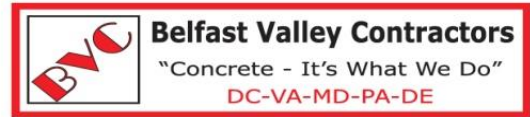


# APPLICATION FOR EMPLOYMENT



Belfast Valley Contractors, Inc. (BVC) is an Equal Opportunity Employer and is committed to providing employment opportunities to applicants for employment and employees without regard to race, color, religion, sex, gender, age, national origin, pregnancy, sexual orientation, marital or family status, physical or mental disability, uniformed service, veteran status, genetic information or any other characteristic protected by law. BVC is a drug- and alcohol-free workplace.

**Position Title:** \_\_\_\_\_ **Wage Desired:** \_\_\_\_\_ **Date Available:** \_\_\_\_\_

**PLEASE PRINT**

**PERSONAL INFORMATION**

(Necessary accommodations for participation in the application process may be requested.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Are you 18 years of age or older? Yes\_\_\_\_ No\_\_\_\_ If no, can you provide a work permit? Yes\_\_\_\_ No\_\_\_\_

If hired, can you show proof of your legal right to work in the U.S.? Yes\_\_\_\_ No\_\_\_\_

**EMPLOYMENT INFORMATION**

Type of Work  Regular  Temporary  Full-Time  Part-Time

How did you learn of this opening?  Walk-In  Advertisement  State Employment  
 Employee Referral  Agency \_\_\_\_\_  Other \_\_\_\_\_

Have you ever been employed by BVC? Yes\_\_\_\_ No\_\_\_\_ If yes, give dates: \_\_\_\_\_

Do you have any relatives employed by BVC? Yes\_\_\_\_ No\_\_\_\_ If yes, give name(s): \_\_\_\_\_

Have you been convicted of a crime that has not been expunged? Yes\_\_\_\_ No\_\_\_\_ (Convictions will not necessarily disqualify an applicant from employment.) If yes, please state the offense/location/date/disposition: \_\_\_\_\_

Can you perform the essential functions of the job with or without reasonable accommodations?  
Yes\_\_\_\_ No \_\_\_\_

**U.S. MILITARY SERVICE**

(Please list any additional information that relates to your ability to perform the job for which you have applied.)

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank/Type of Service \_\_\_\_\_ Job-Related Training/Experience \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## EDUCATION

Type	Name of School	Address	Area of Study/ Major	Highest Grade Completed	Diploma/ GED	GPA
High School						

## ADVANCED EDUCATION / TRAINING

Type	Name of School	Address	Area of Study/ Major	Dates Attended	Degree/ Certificate	GPA
College						
Trade						
Other						

## ADDITIONAL SKILLS AND TRAINING

Please list any additional information that relates to your ability to perform the job for which you have applied--such as licenses, certifications (e.g., welding, apprenticeship or journeymen card), professional memberships, computer experience, special tools/equipment, technical skills, etc.

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*(List most recent employment first.)*

## EMPLOYMENT HISTORY

Present Employer

Dates of Employment From: Mo./Yr. To: Mo./Yr.

Address

Phone Number

Job Title

Supervisor's Name and Title

Brief Description of Duties

Start Wage

Current Wage

Reason for Wanting to Make a Change

May we contact present employer?  
Yes\_\_\_ No\_\_\_

Previous Employer

Dates of Employment From: Mo./Yr. To: Mo./Yr.

Address

Phone Number

Job Title

Supervisor's Name and Title

Brief Description of Duties

Start Wage

End Wage

Reason for Leaving

# APPLICATION FOR EMPLOYMENT

## EMPLOYMENT HISTORY (continued)

Previous Employer	Dates of Employment		From: Mo./Yr.	To: Mo./Yr.
Address	Supervisor's Name and Title		Phone Number	
Job Title	Brief Description of Duties		Start Wage	End Wage
Reason for Leaving				

Previous Employer	Dates of Employment		From: Mo./Yr.	To: Mo./Yr.
Address	Supervisor's Name and Title		Phone Number	
Job Title	Brief Description of Duties		Start Wage	End Wage
Reason for Leaving				

### DRIVER'S LICENSE (If applying for a position which may require driving.)

License #	State Issued	Classification	Issue Date	Expiration Date
1.				
2.				

### PERSONAL REFERENCES (Do not include relatives.)

Name	Occupation	Yrs. Known	Address	Telephone No.
1.				
2.				
3.				

### DRUG- AND ALCOHOL-FREE WORKPLACE: PLEASE READ AND SIGN

BELFAST VALLEY CONTRACTORS, INC. (BVC) IS A DRUG- AND ALCOHOL-FREE WORKPLACE. TO ENSURE WORKER SAFETY AND INTEGRITY OF THE WORKPLACE, BVC PROHIBITS THE ILLEGAL MANUFACTURE, POSSESSION, DISTRIBUTION OR USE OF CONTROLLED SUBSTANCES IN THE WORKPLACE BY EMPLOYEES OR THOSE WHO ENGAGE OR SEEK TO ENGAGE IN BUSINESS WITH BVC. AN OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON PASSING A DRUG SCREENING THAT MAY INCLUDE ALCOHOL TESTING OR A PHYSICAL EXAMINATION.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

**POLYGRAPH PROTECTION FOR APPLICANTS IN MARYLAND: PLEASE READ AND SIGN**

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION AND RELEASE: PLEASE READ AND SIGN**

*I UNDERSTAND THAT BELFAST VALLEY CONTRACTORS, INC. (BVC) FOLLOWS AN EMPLOYMENT-AT-WILL POLICY, IN THAT BVC OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME, OR FOR ANY REASON CONSISTENT WITH APPLICABLE STATE OR FEDERAL LAW. THE EMPLOYMENT-AT-WILL POLICY CANNOT BE CHANGED VERBALLY OR IN WRITING, UNLESS THE CHANGE IS SPECIFICALLY AUTHORIZED IN WRITING BY THE PRESIDENT OF BVC. I UNDERSTAND THAT THIS APPLICATION, COMPANY MANUALS, EMPLOYEE HANDBOOKS OR HUMAN RESOURCES GUIDELINES AND PRACTICES WILL NOT CONSTITUTE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT FEDERAL LAW PROHIBITS THE EMPLOYMENT OF UNAUTHORIZED ALIENS. ALL PERSONS HIRED MUST SUBMIT SATISFACTORY PROOF OF BOTH IDENTITY AND EMPLOYMENT AUTHORIZATION, AND FAILURE TO SUBMIT SUCH PROOF WILL RESULT IN DENIAL OF EMPLOYMENT.*

*I UNDERSTAND THAT BELFAST VALLEY CONTRACTORS, INC. (BVC) WILL THOROUGHLY INVESTIGATE MY WORK AND PERSONAL HISTORY AND VERIFY ALL DATA GIVEN ON THIS APPLICATION, ON RELATED PAPERS, AND IN INTERVIEWS. I AUTHORIZE ALL INDIVIDUALS, SCHOOLS, AND ORGANIZATIONS NAMED THEREIN, EXCEPT MY CURRENT EMPLOYER IF SO NOTED, TO PROVIDE ANY INFORMATION REQUESTED ABOUT ME, AND I RELEASE THEM FROM ALL LIABILITY FOR DAMAGE IN PROVIDING THIS INFORMATION. I FURTHER UNDERSTAND THAT ANY OFFER OF OR CONTINUATION OF EMPLOYMENT MAY BE CONTINGENT UPON PASSING DRUG SCREENING THAT MAY INCLUDE ALCOHOL TESTING AND A PHYSICAL EXAMINATION, AND SATISFACTORY COMPLETION OF BONDING, MOTOR VEHICLE REPORT CLEARANCES, REFERENCE CHECKS, BACKGROUND INVESTIGATIONS, CREDIT CHECKS AND OTHER INQUIRIES AS NEEDED, AND I EXPRESSLY AUTHORIZE SUCH ACTS.*

*I CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION OR WILLFUL OMISSION SHALL BE SUFFICIENT CAUSE FOR DISMISSAL OR REFUSAL OF EMPLOYMENT.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*This application will be active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

**Applicants please do not write below this line.**

Arrange Interview: Yes\_\_\_\_ No\_\_\_\_ Remarks \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_ Remarks \_\_\_\_\_

Hire: Yes\_\_\_\_ No\_\_\_\_ Start Date \_\_\_\_\_ Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## DISCLOSURE, AUTHORIZATION AND RELEASE TO PROCURE BACKGROUND INFORMATION

In connection with my application for employment with Belfast Valley Contractors, Inc. (BVC) and/or as consideration for continued employment, I understand that BVC may obtain one or more consumer reports and/or investigative consumer reports containing information from one or more consumer reporting agencies ("Agency"). The information about me provided in these reports will be used for the purpose of evaluating my employment, promotion, transfer, reassignment, or retention as an employee.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications (to include transcripts and GPA); personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I understand that Belfast Valley Contractors, Inc. (BVC) may not request a consumer report and/or an investigative consumer report from an Agency, nor may the Agency give out information about me, without my prior written consent. It is also understood that the Agency may not report medical information about me to BVC without my specific prior consent as to the release of such information, which is in addition to my general authorization herein.

Belfast Valley Contractors, Inc. (BVC) complies with the Fair Credit Reporting Act (FCRA) and any applicable state law or regulation, which provides prospective or current employees with rights regarding consumer reports and/or investigative consumer reports and places specific obligations on employers who obtain such reports. I understand that I may submit a written request within a reasonable timeframe to obtain a complete and accurate disclosure of the nature and scope of any consumer report or investigative consumer report of which I am the subject. I also understand that I may receive a written summary of my rights under the FCRA, 15 U.S.C. 1681 et seq.

**I hereby authorize Belfast Valley Contractors, Inc. (BVC) to procure consumer reports and/or investigative consumer reports from an Agency as part of the investigation into my application for employment and/or at any time while employed by BVC. This authorization does not include the release of my medical information.**

**I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Belfast Valley Contractors, Inc. (BVC), by and through an Agency, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE PRINT ALL IDENTIFYING INFORMATION

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_ Years Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street / P.O. Box City State Zip Code County Dates

Former Address: \_\_\_\_\_  
Street / P.O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_ \*Gender: \_\_\_\_\_

\* This information will allow us to properly identify you in the event we find adverse information during the course of a background search.

9/2013

# APPLICATION FOR EMPLOYMENT

**Exhibit A**  
Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017

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

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)**
- NO, I DON'T HAVE A DISABILITY**
- I DON'T WISH TO ANSWER**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# APPLICATION FOR EMPLOYMENT

APPLICANT

BELFAST VALLEY CONTRACTORS, INC (BVC)

DATA RECORD-Exhibit B

Submission of Information is Voluntary

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, age, national origin, pregnancy, sexual orientation, marital or family status, physical or mental disability, uniformed service, protected veteran status, genetic information or any other characteristic protected by federal, state or local law provided the individual can perform the essential functions of the job with or without reasonable accommodations; and such accommodation, does not result in undue hardship or financial burden on the conduct of the business or endanger safe performance of the job.

As a government contractor/subcontractor, we comply with the government regulations and affirmative action responsibilities. Solely to help us comply with government recordkeeping, reporting and other legal requirements, please complete this Applicant Data Record. Your cooperation is greatly appreciated. This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

## PRE-OFFER STAGE

PLEASE PRINT

DATE: \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

APPLICANT SOURCE:

OFCCP Website

DORS MD

DLLR MD

AD Advertisement

DVA MD

ER Employee Referral

Other \_\_\_\_\_

Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

I prefer not to provide information requested below.

## AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, and veteran status of applicants. This data is for analysis and affirmative action only.

Check one of the following items in each category:

SEX:  Male  Female

RACE/ETHNIC GROUP:

Hispanic or Latino (H/L)

White (non-H/L)

Black or African American (non-H/L)

Asian (non-H/L)

American Indian or Alaska Native (non-H/L)

Two or More Races (non-H/L)

Native Hawaiian or Other Pacific Islander (non-H/L)

VETERAN'S STATUS:

Are you a Protected Veteran?

Yes

No

# **APPLICATION FOR EMPLOYMENT**

REFER TO THE ATTACHED CLASSIFICATIONS OF PROTECTED VETERANS