

# APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

## PERSONAL INFORMATION

DATE

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY  
NUMBER

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER?

Yes

No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes  \_\_\_\_\_ No  \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION

DATE YOU  
CAN START

SALARY  
DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U. S MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST  
 AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL  
 BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF  
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS ABILITY

HIRED:  Yes  No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

## **Employee Questionnaire for Self-Identification**

**Instructions:** This questionnaire is comprised of three (3) parts. Please note that submission of information related to any and all parts of this questionnaire is voluntary. Review the text contained in each part carefully, as it contains important notices regarding the submission and use of your information.

### **Part 1: Employee Questionnaire for Self-Identification of Race/Ethnicity ANTI-DISCRIMINATION NOTICE:**

*It is an unlawful employment practice for an employer to fail or refuse to hire or discharge an individual, or otherwise to discriminate against an individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex or national origin.*

Chard Tiling & Excavating, Inc., Sibley Aggregates, Inc. and Rivers Edge Concrete, Inc. is subject to certain nondiscrimination and affirmative action record keeping and reporting requirements which requires Chard Tiling & Excavating, Inc., Sibley Aggregates, Inc. and Rivers Edge Concrete, Inc. to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the Federal Government requires Chard Tiling & Excavating, Inc. Sibley Aggregates, Inc. and Rivers Edge Concrete, Inc. to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the categories identified below. The definitions for each category have been established by the Federal Government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

**What is your race/ethnicity?** Please mark the one box that describes the race/ethnicity category with which you primarily 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.
- 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.
- 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.
- 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.

**Gender:**          **Male**  
                       **Female**

## **Part 2: Employee Questionnaire for Self-Identification of Veteran Status**

Innovative Solutions invites employees to self-identify veteran status, pursuant to the Vietnam Era Veterans Readjustment Assistance Act (VEVRAA), as amended by the Jobs for Veterans Act, and its implementing regulations. Information contained in this part will be kept confidential and may only be used in accordance with the applicable federal laws and regulations.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you choose not to provide information at this time, you may voluntarily provide it at any time by requesting and completing this form.

**Veteran Status** (if applicable):

- ┌ **Disabled Veteran** - Veterans who are 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 persons who were discharged or released from active duty because of service-connected disabilities.
- ┌ **Other Protected Veteran** - A veteran who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.
- ┌ **Recently Separated Veteran** - *Recently separated* is defined as the three-year period beginning on the date of such veteran's discharge or release from active duty.
- ┌ **Armed Forces Service Medal Veteran** - Veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985.

**Part 3: Employee Questionnaire for Self-Identification of Physical or Mental Disability**

It is the policy of Innovative Solutions not to discriminate against any employee or applicant for employment because he or she is a qualified individual with a disability. It is also the policy of Innovative Solutions to take affirmative action to employ and advance in employment, all persons regardless of their status as qualified individuals with disabilities, and to base all employment decisions only on valid job requirements.

This policy applies to all employment actions, including but not limited to recruitment, hiring, upgrading, promoting, transfer, demotion, layoff, recall, termination, rates of pay or other forms of compensation and selection for training at all levels of employment.

This information is requested on a voluntary basis and refusal to provide it will not subject you to any adverse treatment. Additionally, any information provided will not be used in a manner inconsistent with the provisions of the Americans with Disabilities Act. Innovative Solutions shall maintain a separate file on persons who have self-identified and may provide that file to the Office of Federal Contract Compliance Programs (OFCCP) upon request.

**Do you have a disability that you would like to identify under our program?**

- Yes
- No

If **No**, the employee reserves the right to self-identify at any time by notifying Innovative Solutions management.

If **Yes**, please indicate below the nature of your disability:

- Visual Impairment
- Respiratory Impairment
- Mental/Psychological Disorder
- Hearing Impairment
- Neurological Disorder
- Mobility Impairment
- Learning Disability
- Other (Describe below)

Other disability:

**Would you like to request an accommodation for your disability?**

- Yes
- No

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**Name:\***

**Date:**

**Please enter the last 4 digits of your social security code for verification purposes:**

**Last 4 digits of SSN:\***