



SBSBTC
 SOUTH BAY SAND BLASTING AND TANK CLEANING, INC.
 NON-SKID • TANK CLEANING • TECHNICAL FLUSHING

APPLICATION FOR EMPLOYMENT

An equal opportunity employer. A drug/alcohol screen is conducted.

PERSONAL INFORMATION

FULL LEGAL NAME (as it appears on your social security card)		DATE	
ADDRESS	CITY	STATE	ZIP
CELL PHONE	EMAIL ADDRESS		
HOME PHONE (if any)	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DESIRED EMPLOYMENT

POSITION APPLYING FOR:	DATE YOU ARE AVAILABLE	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO YOU WANT: <input type="checkbox"/> Regular full-time work <input type="checkbox"/> Regular part-time work: Hours _____ to _____ <input type="checkbox"/> Temporary work: From (dates) _____ to _____		
IF HIRED: Can you present evidence of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> Ad for job opening <input type="checkbox"/> Walk in <input type="checkbox"/> Person (Name) _____		

PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? (If no, describe the functions that cannot be performed.) <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE / UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE / UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK HISTORY

LIST ALL YOUR EMPLOYERS OVER THE PAST 7 YEARS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
SUPERVISOR (NAME & TITLE)	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE NO.	
JOB TITLE	START DATE	LEAVE DATE	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
SUPERVISOR (NAME & TITLE)	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE NO.	
JOB TITLE	START DATE	LEAVE DATE	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
SUPERVISOR (NAME & TITLE)	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE NO.	
JOB TITLE	START DATE	LEAVE DATE	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
SUPERVISOR (NAME & TITLE)	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE NO.	
JOB TITLE	START DATE	LEAVE DATE	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or serious misdemeanor)?

Yes No

(Note: Convictions for marijuana-related offenses that are more than 2 years old need not be listed.
Convictions will not necessarily disqualify an applicant for employment.)

IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S).

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS

OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY

SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

AUTHORIZATIONS – Read and initial each paragraph, then sign below:

_____ **TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

_____ **HONESTY:** I certify that I have never intentionally submitted false documents, filed a fraudulent workers' compensation claim, or purposefully deceived an employer and that I will not do so if employed by the Company.

_____ **AUTHORIZATION TO INVESTIGATE:** I authorize any of the persons or organizations referenced in this application to give the Company any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize South Bay Sandblasting & Tank Cleaning, Inc. to request and receive such information. Should a search of public records—including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment—be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the above paragraph.

_____ **AT-WILL RELATIONSHIP:** I understand and agree that if I am offered employment with the Company it will be on an “at-will” basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the “at-will” nature of my employment with South Bay Sandblasting & Tank Cleaning, Inc. is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the Company I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

SIGNATURE

DATE

Date _____

EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS

As a Federal Contractor we are required to solicit the following voluntary information from you and ask that you return this form to us. You are not required to answer any of the questions and whether or not you complete the questions does not affect your present or future employment.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____

GENDER

Check One: Male Female I prefer not to answer this question.

ETHNICITY AND RACE

Check One: Hispanic or Latino Not Hispanic or Latino I prefer not to answer this question.

* Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This does not include persons of Portuguese decent or persons from Central or South America who are not of Spanish origin or culture.

If you are not Hispanic or Latino, please specify your race by checking one or more of the boxes below:

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.

I prefer not to answer this question.

PROTECTED VETERAN

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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I PREFER NOT TO ANSWER THIS QUESTION

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

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.¹ 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

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.

¹ Section 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.