

Application for Employment

Company Name: CUBRC

Date:

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

CUBRC is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

CUBRC IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, CUBRC OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. THIS ORGANIZATION PARTICIPATES IN E-VERIFY.

Position applied for:

Telephone number:

Name:

Alternate or cellular number:

Email address:

Present address

Street address:

Apartment or unit number:

City, state, zip: ,

How long have you lived here? years, months

Previous address

Street address:

Apartment or unit number:

City, state, zip: ,

How long have you lived here? years, months

If under the age of 18, can you produce the necessary work certificate at the time of employment?

Yes No

Desired salary/hourly rate:

Type of employment desired:

Full-time Part-time

Specify hours:

Are you willing to work overtime?

Yes No

Date on which you can start work if hired:

Have you previously applied for employment with this company?

Yes No

If yes, when and where did you apply?

Have you ever been employed by this company?

Yes No

If yes, provide dates of employment, location, and reason for separation from employment:

How did you hear about our company? (Please check all that apply)

- Company website
- Department of Labor
- Job fair - what location?
- College recruiting website - name of college?
- Employee referral - employee name?
- Employment website - name of website?
- Organization – name of organization?

List all special technical skills that you feel qualify you for the job for which you are applying (For example, computer programming/language, software, equipment operation, special tools or machines, etc.)

Education

Education level	School name and location (address, city, state)	Course of study	Graduate?	# of years completed	Degree/major
High school:	<input style="width: 250px; height: 15px;" type="text"/>	<input style="width: 100px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 100px; height: 15px;" type="text"/>
College:	<input style="width: 250px; height: 15px;" type="text"/>	<input style="width: 100px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 100px; height: 15px;" type="text"/>
Bus./Tech./Trade or Post college:	<input style="width: 250px; height: 15px;" type="text"/>	<input style="width: 100px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 100px; height: 15px;" type="text"/>

Honors Received

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Work Experience

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you from consideration for employment.

Employer #1

Name:	<input type="text"/>	Address:	<input type="text"/>
Type of business:	<input type="text"/>	Telephone:	<input type="text"/>
Dates employed from:	<input type="text"/> / <input type="text"/> / <input type="text"/>	To:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Job title:	<input type="text"/>	Duties:	<input type="text"/>
Supervisor's name:	<input type="text"/>	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, why not?	<input type="text"/>
Wages:	Start: <input type="text"/> Final: <input type="text"/>	Reason for leaving:	<input type="text"/>
What will this employer say was the reason your employment terminated?	<input type="text"/>	How much notice did you give when resigning? If none, explain:	<input type="text"/>

Employer #2

Name:	<input type="text"/>	Address:	<input type="text"/>
Type of business:	<input type="text"/>	Telephone:	<input type="text"/>
Dates employed from:	<input type="text"/> / <input type="text"/> / <input type="text"/>	To:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Job title:	<input type="text"/>	Duties:	<input type="text"/>
Supervisor's name:	<input type="text"/>	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, why not?	<input type="text"/>
Wages:	Start: <input type="text"/> Final: <input type="text"/>	Reason for leaving:	<input type="text"/>
What will this employer say was the reason your employment terminated?	<input type="text"/>	How much notice did you give when resigning? If none, explain:	<input type="text"/>

Employer #3

Name:	<input type="text"/>	Address:	<input type="text"/>
Type of business:	<input type="text"/>	Telephone:	<input type="text"/>
Dates employed from:	<input type="text"/> / <input type="text"/> / <input type="text"/>	To:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Job title:	<input type="text"/>	Duties:	<input type="text"/>
Supervisor's name:	<input type="text"/>	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, why not?	<input type="text"/>
Wages:	Start: <input type="text"/> Final: <input type="text"/>	Reason for leaving:	<input type="text"/>
What will this employer say was the reason your employment terminated?	<input type="text"/>	How much notice did you give when resigning? If none, explain:	<input type="text"/>

Please explain fully all gaps in your employment history in excess of one month:

Have you ever been terminated or asked to resign from any job? Yes No If yes, how many times?

Has your employment ever been terminated by mutual agreement? Yes No If yes, how many times?

Have you ever been given the choice to resign rather than be terminated? Yes No If yes, how many times?

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion:

References

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work relationship (i.e., supervisor, co-worker)	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Position	Company	Work relationship (i.e., supervisor, co-worker)	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver’s license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that CUBRC may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If CUBRC has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to CUBRC’s policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with CUBRC’s policies and applicable federal, state, and local law.

If employed by CUBRC, I understand and agree that CUBRC, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

CUBRC IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, CUBRC OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF CUBRC IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY AN AUTHORIZED OFFICER OF CUBRC.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF CUBRC, AND I UNDERSTAND THAT CUBRC HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize CUBRC or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to CUBRC or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability CUBRC and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by CUBRC, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by CUBRC. I also understand CUBRC employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature:

Date: / /

Check here in lieu of a handwritten signature for electronic submissions. Please be aware that this electronic signature is as legally binding as a handwritten signature.

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that CUBRC, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/legal guardian:

Witness:

Date:

Date:

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, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Applicant signature:

Date:

 / /

Voluntary Self-Identification Form

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite our employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify a specific individual.

- I understand the reason for this request for voluntary self-identification as stated above and choose to decline.
- I understand the reason for this request for voluntary self-identification as stated above and have opted to complete this form.

Gender

- Male Female

Race/Ethnicity

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- Yes No

If you answered no to the question above, please select the appropriate designation 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 original 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 or South America (including Central America), and who maintain tribal affiliations or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

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. 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:

- 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:

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

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.

Vietnam Era Veterans' Readjustment Assistance Act

Invitation to Self-Identify Pre-Offer

1. 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.

2. 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

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.

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.
4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of 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 officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed. [41 CFR 60-300.23(d) and 41 CFR 60-300.42(e)]