



Equal Opportunity Employer (EOE): C. E. Thurston's policy prohibits unlawful discrimination and extends equal employment opportunity to all employees and job applicants. If an applicant needs reasonable accommodation for the interview process please contact C. E. Thurston's Human Resources Department at 757-855-7700.

Employment Application

This application will remain on file for 60 days.

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address:

Date Available: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? YES NO

Can you travel if the job requires it? YES NO Are you at least 18 years old? YES NO

Education

High School: Address:

No. of Years Completed: Did you graduate? YES NO Degree:

College: Address:

No. of Years Completed: Did you graduate? YES NO Degree:

Other: Address:

No. of Years Completed: Did you graduate? YES NO Degree:

References

Please list three PROFESSIONAL references.

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Previous Employment

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Other Miscellaneous Training

Military Service

List education, training and work experience relevant to position. _____
_____ From: _____ To: _____
Dates of Military Service

Applicant Statement

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I hereby authorize and request all former employers to release to the Human Resource Manager of C. E. Thurston and Son, Inc., any and all information regarding my employment history. A reproduced copy of this authorization shall be deemed as effective and valid as the original.

Signature: _____ Date: _____

Witness: _____ Date: _____

FOR OFFICE USE ONLY

Interviewed by: _____ Date: _____

Remarks: _____

Date Hired: _____ Start Date: _____ Salary: \$ _____

Position: _____ Department: _____

Approved: _____
Department Manager/Superintendent Human Resource Manager

APPLICANT DATA RECORD

AFFIRMATIVE ACTION VOLUNTARY INFORMATION SHEET

As an Equal Opportunity Employer, we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by federal, state, or local law. As a federal contractor, we comply with government regulations and affirmative action responsibilities where applicable.

Completion of this data is **voluntary** and will not affect your opportunity for employment. This information is solely to help us comply with government recordkeeping, reporting, and other legal requirements 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 any specific individual. This information will be kept in a confidential file separate from the Application for Employment. Thank you for your cooperation.

(PLEASE PRINT)

Position(s) applied for: _____ Date: _____

Referral Source:

Advertisement _____ Friend _____ Relative _____ Walk-in _____ Other _____
(Please list)

Name: _____ Phone: (____) _____

Address: _____
Street City State Zip Code

Sex: (Check one) Male _____ Female _____

Race/Ethnicity:

Please **check one** of the following Equal Employment Opportunity Identification Groups, which you most closely identify:

Definitions of the race and ethnicity categories are as follows:

_____ **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.

_____ **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.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

Why Am I Receiving This Form?

This employer is a Federal contractor or subcontractor. We are required by Federal law* to reach out to, recruit, and provide equal opportunity to qualified people who have disabilities. The Federal Government requires contractors and subcontractors to invite job applicants, new hires, and employees to tell us whether they have, or have previously had, a disability. We will use this information to measure the effectiveness of our outreach, recruitment, and other employment practices. Because a person who does not now have a disability may become disabled at a later time, we are required to invite our employees to self-identify every five years.

Your submission of information is **voluntary**. Information you provide will be kept confidential in accordance with Federal law, and will not affect our consideration of your job application or subject you to negative treatment of any kind. Employees may self-identify as having a disability on this form without fear of any penalty for not having self-identified as having a disability on a previous form.

Self-Identification of Disability

What is a Disability?

A person has a disability if he or she has a physical or mental impairment or medical condition that substantially limits a major life activity, or has a history or record of such an impairment or medical condition.

Major life activities include, but are not limited to: seeing, hearing, eating, walking, standing, sitting, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and performing manual tasks. Major life activities also include the operation of major bodily functions such as: the immune system, skin, normal cell growth, bowel, bladder, neurological, circulatory, cardiovascular, endocrine, hemic (blood), lymphatic, and reproductive functions.

NAME: _____ **POSITION:** _____ **DATE:** _____

Please indicate below whether you have a disability:

- YES, I HAVE A DISABILITY (or have previously had a disability)
- NO, I DON'T WISH TO IDENTIFY AS HAVING A DISABILITY

Reasonable Accommodation

Federal law requires us to provide reasonable accommodation to qualified individuals with disabilities to ensure equal employment opportunity for all. If, because of your disability, you require a reasonable accommodation such as a change to application or work procedures, documents in an alternate format, sign language interpreter, or specialized equipment, please let us know.

* 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.

VETS-100A EMPLOYMENT SURVEY

EMPLOYEE NAME: _____

JOB POSITION: _____

DEPARTMENT: _____

DATE: _____

Our Company is a federal contractor subject to various federal laws, regulations, and Executive Orders, which require that federal contractors take affirmative action to employ and to advance in employment qualified individuals without discrimination based on a covered veteran status. To fulfill statistical reporting and affirmative action monitoring requirements, we invite you to voluntarily identify your veteran status by answering the questions below. Submission of this information is voluntary and no adverse consequences will result from either the disclosure or refusal to provide this information. The information that you submit will also be kept confidential as required under applicable federal and/or state laws. Should you decide not to self-identify at this time, you may do so at any time in the future.

Please check all boxes that apply to you:

I do not want to identify my veteran status

I am not a veteran

I am a veteran but not covered by the definitions listed on this form

Disabled Veteran

Either (1) 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 (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran

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.

Discharge Date (mm/dd/yyyy) : _____/_____/_____

Armed Forces Service Medal Veteran

Any 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. (For the current list of military operations for which an Armed Forces Service Medal was awarded, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> - Appendix A.

Active Duty Wartime or Campaign Badge Veteran

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. (For the current list of campaigns and expeditions for which a campaign badge was authorized, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> - Appendix A.