

See Instructions on  
Last Page to Email  
Completed Application



## Employment Application

*Tool Tip: Use the tab key to advance to the next field.*

Please Print

Applicant Information		
Date of Application:		
Last Name:	First Name:	Middle Initial:
Street Address:	Apt #:	
City:	State:	Zip:
Phone:	Email:	
Do you have reliable transportation for work?	Yes	No
Are you legally eligible for employment in the U.S.?	Yes	No
Have you ever been convicted of a felony?	Yes	No
If so, explain:		
Have you ever worked for HRMVA before?	Yes	No
If so, list dates and position:		
List driver's license number if you will be driving a company vehicle:		State:
Type of Work		
Position Applied For:	Full Time	
Desired Salary:	Part Time	
Date Available:		
Best Time to Contact You:		
Skill and Qualifications		
List any skills and certifications you have that would help qualify you to do this job:		

Hampton Roads Mechanical of Virginia is an Affirmative Action and Equal Opportunity Employer.

<b>Employment History</b>		
<b>Company:</b>	<b>From:</b>	<b>To:</b>
<b>Address:</b>		<b>Phone:</b>
<b>Supervisor:</b>	<b>Responsibilities:</b>	
<b>May we contact supervisor?    Yes    No</b>	<b>Rate of Pay:</b>	
<b>Employment History</b>		
<b>Company:</b>	<b>From:</b>	<b>To:</b>
<b>Address:</b>		<b>Phone:</b>
<b>Supervisor:</b>	<b>Responsibilities:</b>	
<b>May we contact supervisor?    Yes    No</b>	<b>Rate of Pay:</b>	
<b>Employment History</b>		
<b>Company:</b>	<b>From:</b>	<b>To:</b>
<b>Address:</b>		<b>Phone:</b>
<b>Supervisor:</b>	<b>Responsibilities:</b>	
<b>May we contact supervisor?    Yes    No</b>	<b>Rate of Pay:</b>	
<b>Formal Education</b>		
<b>High School Name:</b>	<b>Did you graduate?    Yes    No</b>	
<b>Location of School:</b>	<b>Number Years Attended:</b>	
<b>College Name:</b>	<b>Did you graduate?    Yes    No</b>	
<b>Location of School:</b>	<b>Number Years Attended:</b>	
<b>Type of Degree(s):</b>		
<b>Note</b>		
(1) I certify that the information provided on this application is truthful and accurate. (2) I understand that providing false information is grounds for refusing to hire me, or discharge me if I am employed. (3) I understand that if I am hired, I am free to resign at any time with or without cause or prior notice. (4) I understand that my employer reserves the same right to terminate my employment at any time, except as required by law.		
<b>Type Your Name For Signature: _____      Date of Application: _____</b>		

*It is our policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, genetic information or any other protected characteristic under applicable law.*



## U.S. DEPARTMENT OF LABOR

### VETS-4212 EMPLOYMENT SURVEY

Date: \_\_\_\_\_

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

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

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.



# U.S. Equal Employment Opportunity Commission

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

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

Anti-discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individuals race, color, religion, sex, or national origin. The employer is subject to certain non-discrimination and affirmative action record keeping and reporting requirements which require the employer 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. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. All information will be reported in the same seven Race/ethnicity categories identified below.

## PLEASE ANSWER BY CHECKING ONE BOX BELOW ABOUT YOUR RACE/ETHNICITY

You may only check one box.

### Race/Ethnicity Survey

\_\_\_ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, 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 original 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 maintains tribal affiliation or community attachment.

\_\_\_ **Two or More Races (not Hispanic or Latino)**



**Voluntary Self-Identification of Disability**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Why are you being asked to complete this form?**

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**How do you know if you have a disability?**

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

**Please check one of the boxes below:**

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

**For Employer Use Only**

Employers may modify this section of the form as needed for recordkeeping purposes.

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**Please review and email your application to Mike Brown**  
**mikeb@hrmva.com**