Pay Desired:       Can you work nights?       Yes         Employment Desired:       FULL-TIME ONLY       PART-TIME ONLY       FULL- OR PART-TIME         When are you available for work?       EDUCATION & OTHER INFORMATION       NO. OF YEARS       MA         NAME OF SCHOOL       LOCATION       NO. OF YEARS       COMPLETED       DE         High School       Complete mailing address)       COMPLETED       DE         Bus. or Trade School       Image: Complete mailing convictions related to marijuana?       Image: Complete mailing conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was	Name:			Date:	
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	If yes, explain number of conviction(s),			w recently such offen	se(s) was/wer
committed, sentence(s) imposed, and type(s) of renabilitation.	committed, sentence(s) imposed, and t				( )

Do you have transportation to get	to work	?	🛛 No		
Please	list two		11	or previous employers.	
Name:		Name:			
Position:			Position:		
Company:			Company	/:	
Address:			Address:		
Telephone:			Telephone:		
An application form sometimes m space below to add any additional			ribe your		
· · · · · · · · · · · · · · · · · · ·					
Wed Services	Please	e list your work experie	nce for th	e past five years beginning	g with your most recent
Work Experience	job he			ve firm name. Attach addi	tional sheets if necessary.
Name of Employers		Job O Name of Last Super		Employment Dates	Salary
Name of Employer:		Name of Last Super	VISU1		Salary
Complete Address:			From:		Start:
				То:	Final:
Phone Number: Your Last Job Title:					
Reason for Leaving (be specific):					
List the jobs you held, duties perfo skills used or learned, advancemer promotions while you worked at the company.	nts or				

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Job Two				
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary	
		From:	Start:	
Complete Address:			Start.	
		То:	Final:	
Phone Number:	Your Last Job Title:		L	
Reason for Leaving (be specific):				
List the jobs you held, duties performed, ski company.	lls used or learned, advancemen	ts or promotions while yo	u worked at this	
	Job Three			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary	
Complete Address:		From:	Start:	
		То:	Final:	
Phone Number:	Your Last Job Title:			
Reason for Leaving (be specific):				
List the jobs you held, duties performed, ski company.	lls used or learned, advancemen	ts or promotions while yo	u worked at this	
May we contact your present employer?			<u>971389362</u>	
	Yes No			

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# PLEASE READ CAREFULLY

### APPLICATION FORM WAIVER

In exchange for the consideration of my job application by TIDEWATER UTILITY CONSTRUCTION, INC. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of TIDEWATER UTILITY CONSTRUCTION, INC., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of the Company. Both the undersigned and TIDEWATER UTILITY CONSTRUCTION, INC. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

### Thank you for completing this application form and for your interest in our business.

### VOLUNTARY APPLICANT AFFIRMATIVE ACTION INFORMATION SHEET

As an Equal Opportunity Employer, we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, genetic information, 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 <u>voluntary</u> and will not affect your opportunity for employment. This information is solely to help us comply with government record keeping, reporting, and other legal requirements and will be kept in a confidential file separate from the Application for Employment. Thank you for your cooperation.

Position(s) applied for:		Date	e:	
Referral Source:				
Advertisement Frie	end Rela	tive	Walk-in	Other (Please list)
Name of Applicant:			Phone: (	_)
Address:				
Street	City	State	Zip Code	
Sex: (Check one) Male	Female			

#### Race/Ethnicity:

(Please check one of the descriptions below corresponding to the ethnic group with which you most 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.

\_\_\_\_\_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.

Tidewater Utility Construction, Inc 200 Lummis Road, Suffolk, VA 23434 Phone: (757) 935-5899 Main Fax: (757) 935-5894 Accounting/HR Fax: (757) 935-5893 **Voluntary Self-Identification of Disability** 

Form CC-305 Page 1 of 1

Name: Employee ID:

(if applicable)

# 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 <u>www.dol.gov/ofccp.</u>

## 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

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.

Employers may modify this	section of the form as needed for recordkeeping purposes.
	For example:
Job Title:	Date of Hire:

OMB Control Number 1250-0005 Expires 04/30/2026

Date:

# **VETS-4212 EMPLOYMENT SURVEY**

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 <u>all</u> 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 administrated 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 <a href="http://www.opm.gov/staffingportal/vgmedal2.asp">http://www.opm.gov/staffingportal/vgmedal2.asp</a> - 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 <a href="http://www.opm.gov/staffingportal/vgmedal2.asp">http://www.opm.gov/staffingportal/vgmedal2.asp</a> - Appendix A.

Tidewater Utility Construction, Inc 200 Lummis Road, Suffolk, VA 23434 Phone: (757) 935-5899 Main Fax: (757) 935-5894 Accounting/HR Fax: (757) 935-5893