

**BAY METALS & FABRICATION, LLC APPLICATION FOR EMPLOYMENT**

<b>DATE</b>		, 20	<b>PERSONAL (Please print using ball point pen.)</b>			
<u>FULL NAME</u>	LAST	FIRST	MIDDLE			
<u>PRESENT ADDRESS</u>	STREET	CITY	ZIP	HOW LONG?	TELEPHONE	
Email Address:		How were you referred to us?		Are you 18 years of age or older?		
What position are you applying for?						
Have you ever been convicted of any offense except minor traffic violations? ___ yes ___ no; Explain fully, including year and location of court:						

<b>EDUCATION</b>			
SCHOOLS	NAME AND ADDRESS OF SCHOOL OR COLLEGE	MAJOR STUDIES	LAST GRADE COMPLETED
HIGH SCHOOL			
COLLEGE, TRADE OR BUSINESS SCHOOL			

<b>U.S. MILITARY</b>			
Branch of Service	Active Duty Date		What specialized training did you receive?
	From Mo. Yr.	To Mo. Yr.	

<b>WORK EXPERIENCE</b>						
GIVE PAST WORK EXPERIENCE, INCLUDING SERVICE PERFORMED AS AN INDEPENDENT CONTRACTOR, AS COMPLETELY AS POSSIBLE, STARTING WITH YOUR MOST RECENT WORK EXPERIENCE. INCLUDE SUMMER EMPLOYMENT AND UNEMPLOYED OR SELF-EMPLOYED PERIODS; SHOW DATES AND LOCATIONS. USE EXTRA SHEET IF NEEDED.						
	MO./YR.	COMPANY'S NAME & ADDRESS - CITY, STATE & ZIP	Telephone	Name & Title of Immediate Supervisor or Person to Whom you Reported	Last Position You Held & Salary	Reason for Leaving
FROM		Present or Last Employer				
TO		Address				
FROM		Employer				
TO		Address				
FROM		Employer				
TO		Address				
FROM		Employer				
TO		Address				

Bay Metals & Fabrication, LLC, is an equal opportunity employer and does not discriminate on the basis of race, color, religion, age, sex, national origin, non-disqualifying disability, genetic information, veteran/military status, or any other characteristic protected by law.

<b>REFERENCES</b>				
Give names of three persons you are not related to and by whom you have not been employed or to whom you have not provided services. These people should have known you for several years.				
Name	Address Street, City, State & Zip	Telephone	Occupation	Years of Acquaintance

**ADDITIONAL INFORMATION FOR CONSIDERATION**

---



---



---



---



---

**Agreement**

On entering the employ of Bay Metals & Fabrication, LLC (BMF), I agree to observe all the rules of my employer and any governmental regulations that may apply to my duties. I understand that any continuation of my employment will depend upon satisfactory replies on any background check and from my references and performance satisfactory at all times to my employer. I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated, with or without cause or notice, and without liability for doing so. I understand that no representative of BMF, other than its President, has authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, and that any such agreement, to be enforceable, must be in writing and signed by the President.

I further consent to any testing as may be required by BMF, including, but not limited to, drug and/or alcohol testing.

I certify that the information provided herein is true and complete to the best of my knowledge and belief. I understand and agree that providing false, incomplete, or misleading information will be grounds for a decision not to employ me or to terminate my employment immediately without liability for doing so.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Applicant

**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 voluntary 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.

---

(PLEASE PRINT)

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

**Referral Source:**

Advertisement     Friend     Relative     Walk-in     Other \_\_\_\_\_  
(Please list)

Applicants Name: \_\_\_\_\_ 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.

**VETS-4212 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.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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.<sup>1</sup> 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

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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.

---

<sup>1</sup> 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](http://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.