



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: _____ Date: _____
Last First M.I.

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? _____
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: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (_____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (_____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Other Miscellaneous Training

Military Service

List education, training and work experience relevant to position. _____

Dates of Military Service

From: _____ To: _____

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

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)

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

Pre-employment

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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.

For Employer Use Only

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

For example:

Job Title: _____ Date of Hire: _____