



EMPLOYMENT APPLICATION

Harbor Construction Company, Inc. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL

Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone # ()
Address			Business or Message # ()
Position Applied For	Referred By		Salary Desired
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?	

EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

For Clerical Applicants Only:

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, WPM:
Computer Skills (Hardware/Software)	

EMPLOYMENT HISTORY

List **all** employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A yes response does not automatically disqualify your application.)

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

I understand this application for employment includes attachments Criminal Convictions and Consumer Reports Release Form, Information Relative to Criminal Convictions, and Fair Credit Reporting Act Disclosure and Authorization documents which will be used in consideration of my employment.

I understand that failure to be approved for clearance to gain access to installations that Harbor Construction Company, Inc. conducts business can disqualify my application for employment and can result in termination of employment.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

Please make certain you complete forms: Criminal Convictions and Consumer Reports Release Form, Information Relative to Criminal Convictions and Fair Credit Reporting Act Disclosure and Authorization to be conducted by Innovative Enterprises, Inc. on behalf of Harbor Construction Company, Inc..



P.O. Box 9145
Hampton, VA 23670-0145
Office: 757-722-9823
Fax: 757-722-9847
www.HCCII.com

Criminal Convictions and Consumer Reports Release Form

1. Criminal Convictions

Have you ever been convicted of any crime other than a minor traffic offense?

YES

NO

If your answer is “Yes”, you must complete the form titled, Information Relative to Criminal Convictions.

An applicant’s criminal conviction history may indicate that the applicant is not fit to work at Harbor Construction Company, Inc. (HCCI). Therefore, a criminal background check will be conducted on all candidates recommended for employment. Refusal to consent to a background check as is required on the employment application will result in the applicant not being offered employment, or if a conditional offer has been made, the offer will be withdrawn or the employee’s employment will be terminated, as applicable. HCCI will require an applicant to agree to a credit report check for positions that have access to cash, checks, credit card transactions, or bank account information. When applying for such a position, refusal to consent to a credit report check will result in the applicant not being offered employment, or if a conditional offer has been made, the offer will be withdrawn or the employee’s employment will be terminated, as applicable.

2. Consumer Reports Release

In connection with my application for employment with HCCI, I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including, but is not limited to, consumer credit*, criminal records, driving record, education, prior employer verification, social security number verification, workers compensation claims, credit standing, credit capacity, character, general reputation, personal characteristics, trustworthiness, and others. These reports will include experience along with reasons for terminations of past employment. Further, I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

Last Name: _____

First Name: _____

Middle Name: _____

Other Names (Maiden, Aliases):

Date of Birth: Month: _____ Day: _____ Year: _____

Social Security#: _____ Driver's License #: _____ State: _____

3. LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST RECENT:

STREET	CITY	STATE	ZIP	DATES (MM/YEAR)	
				FROM	TO

Certification/Release

I hereby authorize and consent to HCCI procurement of such consumer reports and authorize, without reservation, any party or agency to conduct this criminal background check and consumer reports check. I understand I have the right to make request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract). I understand that if I am employed by HCCI, an employment-at-will relationship between HCCI and me shall be an and remain in effect and that either HCCI or I may terminate the relationship as stipulated in the employment contract.

Signature _____ **Date** _____

- Employees who have access to cash, checks, credit cards or HCCI bank account information, as part of their normal job responsibilities, will be subject to a credit check.



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Information Relative to Criminal Convictions

Instructions: Please answer the following question, sign, date and return to the Human Resources Department, Harbor Construction Company, Inc.

1. Have you ever been convicted of a felony.
2. Have you ever been convicted of any assault, sexual offense, or any crime that resulted in physical injury to any person?
3. Have you ever been convicted of any crime involving the use, possession, or sale drugs?
4. Have you ever been convicted of any crime involving the use, possession, or sale of firearm or any weapon or any explosive or incendiary device or material?
5. Have you ever been convicted of larceny, embezzlement, or any crime involving misappropriation of funds?

Using the space below and the back of the sheet if necessary, please provide the following information for each conviction: type of conviction; date of conviction; the court; location of the court; details of the court's sentence.

Certification

I understand that this application and any attachments are the property of Harbor Construction Company, Inc. I certify that all answers and statements in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I hereby grant permission to verify such answers and am aware that should an investigation disclose misrepresentation or falsification, I may be dismissed and disqualified for further employment. Offer of employment tendered me is based upon agreement to abide by the rules and regulations of the Board of Directors and management of Harbor Construction Company, Inc.

Name: _____ Social Security Number: _____

Signature of Applicant: _____ Date: _____



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INVITATION TO VETERANS AND/OR DISABLED TO SELF-IDENTIFY

Harbor Construction Co. Inc., has contracts with the United States Government and is subject to Section 503 of the Rehabilitation Act of 1973 (as amended) and to the Vietnam Era Veterans Readjustment Assistance Act of 1974 (as amended). These Acts require government contractors to take affirmative action to employ and advance in employment qualified disabled individuals, recently separated veterans, other protected veterans and Armed Forces service medal veterans.

Federal regulations define a disabled individual as a person who: (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.

A Disabled Veteran/Qualified Disabled Veteran is (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; and (3) has the ability to perform the essential functions of the employment position with or without reasonable accommodations.

A Recently Separated Veteran is 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.

An Armed Forces Service Medal Veteran is any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

Other Protected Veterans are veterans 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.

Harbor Construction Co. Inc., supports community programs directed to the employment of disabled individuals and veterans. It has found these programs to be sources for effective and valuable employees. Accordingly, Harbor Construction Co. Inc. has an Affirmative Action Program to continue its efforts to support the above lists Acts. In implementing its programs, Harbor Construction Co. Inc. will adhere to its policy to ensure that equal employment opportunity for qualified individuals, special disabled veterans, veterans of the Vietnam era, and other veterans is afforded in all aspects of the employment relationship.

If you have questions concerning this program, or believe you qualify under the regulations and would like to be considered eligible for coverage under Harbor Construction Co. Inc., Affirmative Action Plan, please complete the information on the following page. This information obtained is completely voluntary and your response will not result in adverse treatment. Information obtained concerning an individual's mental or physical condition shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and regarding necessary accommodations, and (2) first aid personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment and (3) government officials investigating compliance with the Act may be informed.



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Instructions: Check all appropriate boxes.

For example, a special disabled veteran who was also a veteran of the Vietnam Era should check boxes 3 and 4 under "Veteran" and box 1 under "Disabled". A Vietnam Era veteran who was not disabled in the service but who later suffered impairment after release from military duty service should check box 1 under "Disabled" and box 3 under "Veteran".

Disabled

- ___ 1. I have a physical or mental impairment which substantially limits one or more of my major life activities.

Veteran

- ___ 2. I am a DISABLED VETERAN/QUALIFIED DISABLED VETERANS rated by the Veterans Administrations as (1) a veteran of the U.S. military, ground, naval or air services 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 disability; and (3) has the ability to perform the essential functions of the employment position with or without reasonable accommodation.
- ___ 3. I am a RECENTLY SEPERATED VETERAN that 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.
- ___ 4. I am an ARMED FORCES SERVICE MEDAL VETERAN who, while on active duty in the U.S. military, ground, naval and air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).
- ___ 5. I am an OTHERPROTECTED 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.

If you choose to take this opportunity to identify yourself as disabled, please comment below if you have ideas that will help you perform the essential functions of your job:

Signature _____ Date _____

Social Security Number _____