

PERSONAL INFORMATION

DATE:
Social Security Number:

NAME: Last First Middle

Present Address: Street City State Zip

Permanent Address: Street City State Zip

Phone Number: Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration status? Yes No

EMPLOYMENT DESIRED

Position: Date You Can Start: Salary Desired:

Are you employed now? If so, may we contact your present employer?

Ever applied to this company before? Where? When?

Referred By:

Table with 5 columns: EDUCATION, NAME AND LOCATION OF SCHOOL, Years Attended, Did you Graduate?, Subjects Studied. Rows include Elementary School, Middle School, High School, College, Trade or Business School, and Other.

GENERAL Subjects of special study or research work:

Special skills:

Activities: (Civic, Athletic, etc) Exclude organizations, the name of which indicates race, creed, sex, age, marital status, color, or nation of origin of its members

MILITARY SERVICE

BRANCH: RANK:

YEARS SERVED: RESERVES?

Have you ever been convicted of a felony? Yes No If Yes, Please explain: (Continue to other side if necessary)

Do you have a valid driver's license?  Yes  No

Do you have your own vehicle to use to get to and from work?  Yes  No

Do you currently have a valid RapidGate and/or TWIC badge?  Yes  No Which One(s): \_\_\_\_\_

If not, have you ever applied for either badge and been denied?  Yes  No If so, when and for what reason(s)?  
\_\_\_\_\_

Have you ever been denied access to any Hampton Roads Shipyards or Military Bases?  Yes  No

If so, when and for what reason(s)? \_\_\_\_\_  
\_\_\_\_\_

FORMER EMPLOYERS (List below your last three employers or seven years employment, starting with the last one first.)

DATE: Month and Year	NAME AND ADDRESS OF EMPLOYER	Salary	Position	Reason for Leaving?
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES: Give the names of at least three persons not related to you, whom you have known at least one year.	NAME	ADDRESS	PHONE	How do you know them?	Years Known

In case of emergency notify:

NAME	ADDRESS	PHONE

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN A CORPORATE OFFICER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE CORPORATE OFFICER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

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

## Applicant Demographic Data

Accurate Marine is committed to providing equal employment opportunity for qualified minorities, females, individuals with disabilities, and eligible veterans. In keeping with this commitment, we would appreciate it if you would provide certain demographic information about yourself by completing this form. This information will be kept confidential and will be maintained only for the purpose of monitoring the Company's diversity efforts and ensuring compliance with Company policies and applicable laws and regulations.

**Please be assured that this information will NOT be used to make decisions about selection for employment. The decision to provide this information is yours - while we would appreciate your cooperation with this information-gathering process, participation is completely voluntary.**

Name \_\_\_\_\_ County of Residence \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

### A. Gender

Female  Male

### B. Race/Ethnic Background

Hispanic/Latin  White (not Hispanic or Latin) Native American or Alaskan Native  Black or African American (not Hispanic or Latin)  Native Hawaiian or Other Pacific Islander (not Hispanic or Latin)  Asian (not Hispanic or Latin)  
 American Indian or Alaska Native (not Hispanic or Latin)  Two or More Races (not Hispanic or Latin)  Other \_\_\_\_\_  
 **I choose not to provide this information**



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**POST-OFFER/PRE-EMPLOYMENT INVITATION FOR  
INDIVIDUALS WITH DISABILITIES AND VETERANS  
TO SELF-IDENTIFY**

Accurate Marine Environmental, Inc. ("Accurate Marine") is a Government contractor subject to Section 503 of the Rehabilitation Act of 1973 (which requires Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities) and the Vietnam Era Veterans' Readjustment Assistance Act of 1974 ("VEVRAA") (which requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, other protected veterans, and Armed Forces service medal veterans).

If you are an individual with a disability or if you are a disabled veteran, recently separated veteran, other protected veteran or Armed Forces service medal veteran (as those terms are defined below), we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information will assist us in placing you in an appropriate position and in making accommodations for your disability, if you are disabled.

**Definitions:**

- a. The term "disability" means a mental or physical impairment which substantially limits one or more of the person's major life activities.
- b. The term "disabled veteran" refers to (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
- c. The term "recently separated veteran" means any veteran who was discharged or released from active duty in the U.S. military, ground, naval or air service within the past three years.
- d. The term "other protected veteran" means 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 laws administered by the Department of Defense.
- e. The term "Armed Forces service medal veteran" means 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 (61 FR 1209)

Accurate Marine will not coerce, intimidate, interfere or discriminate against any employee for filing a complaint or assisting in an investigation under the Rehabilitation Act or the VEVRAA. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Governmental officials engaged in enforcing laws administered by the OFCCP or the Americans with Disabilities Act may be informed. The information provided will be used only in ways that are not inconsistent with Section 503 of the Rehabilitation Act and VEVRAA.

If you are an individual with a disability, it would assist us if you could tell us about (i) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations. The information will assist us in placing you in an appropriate position and in making accommodations for your disability.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	<b>Legal Name – Last, First, MI</b> <hr/>	<b>Suffix</b> <hr/>
<b><u>Veteran Status</u></b>  <i>Select all that apply</i>	<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Recently Separate Veteran (date of discharge or release: _____) <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> None	
<b><u>Disabled</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	