



Application for Employment

Holder is an Equal Opportunity Employer. Applicants are considered for positions without regard to race; color; religion; national origin; sex (including same sex); gender conformity; pregnancy, childbirth, or related medical conditions; age; disability or handicap; citizenship status; service member status; veteran status; genetic information or any other category protected by federal, state, or local law.

APPLICANT INFORMATION			
Name (Last, First, Middle)			Cell Phone Number
List any other names you have used that may be needed to verify this application			Email address
Address (Street) _____		(Apt or Unit) _____	Are you age eighteen (18) or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (City) _____		Address (State) _____	Address (Zip) _____
In case of emergency contact name (Last, First, Middle)			Emergency Contact Phone _____
Position Applied For		Desired Salary Range \$ _____ to \$ _____ per	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
How were you referred to Holder (check one)? <input type="checkbox"/> Walk-in <input type="checkbox"/> Online/Print Advertisement <input type="checkbox"/> Local Organization (Name: _____) <input type="checkbox"/> Associate Referral (Name: _____) <input type="checkbox"/> Other (Source: _____)			Location Preference _____
Have you ever worked for Holder Construction Company, LLC? <u>Position</u> _____ <u>Location</u> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Employment Dates</u> _____
1. _____ 2. _____			
Do you have friends/relatives currently employed by Holder Construction Company, LLC? <u>Name</u> _____ <u>Relationship</u> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Location</u> _____
1. _____ 2. _____			
Are you a U.S. Citizen or legally authorized to work in the U.S.? If no, what steps must be taken for you to begin work lawfully?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION					
School	Institution Name	City, State, Zip	Circle last year completed	Major/Course	Graduated
High School			1 2 3 4 Year ()		<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical/Vocational			1 2 3 4 Year ()		<input type="checkbox"/> Yes <input type="checkbox"/> No
College			1 2 3 4 Year ()		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate			1 2 3 4 Year ()		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Special Training which may be considered important to the position you are applying for:					
List any professional licenses or certifications you currently hold which may be applicable to the position:					

U.S. MILITARY			
Branch	# Years in Service	Highest Rank	Specialized training you received
Other military service or training which may be considered important to the position you are applying for:			

PRIOR EMPLOYMENT		<i>List last four employers or indicate N/A if not applicable.</i>	
Current or most recent last employer	Company Name	Job Title	Dates of Employment
	General responsibilities in this role		From
	Address	Reason for Leaving (or still employed)	To
	City, State, Zip	Supervisor's Name & Phone Number/Email	
2 nd Previous Employer	Company Name	Job Title	Dates of Employment
	General responsibilities in this role		From
	Address	Reason for Leaving	To
	City, State, Zip	Supervisor's Name & Phone Number/Email	
3 rd Previous Employer	Company Name	Job Title	Dates of Employment
	General responsibilities in this role		From
	Address	Reason for Leaving	To
	City, State, Zip	Supervisor's Name & Phone Number/Email	
4 th Previous Employer	Company Name	Job Title	Dates of Employment
	General responsibilities in this role		From
	Address	Reason for Leaving	To
	City, State, Zip	Supervisor's Name & Phone Number/Email	
Please explain any gaps in employment.			
Have you been discharged, terminated, or asked to resign from any of the above positions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe:			

APPLICANT'S STATEMENT: I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to, selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age; race; color; national origin; sex (including same sex); gender conformity; pregnancy, childbirth, or related medical conditions; religion; handicap or disability; citizenship status; service member status; veteran status; genetic information or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in this application, and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers, and I agree to hold it harmless for providing such information.

I understand that the Company may, to extent permitted by law, require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such test. I consent to the release of the results of any such test to the Company or its designee. I release the Company and its designee from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand that my employment is at-will and that I can terminate my employment at any time with or without cause and with or without advanced notice and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the President may do so in writing.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered at any time after I am hired.

Maryland Applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Massachusetts Applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

PLEASE NOTE: DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS. APPLICATION WILL REMAIN ACTIVE FOR THIRTY (30) DAYS.

Applicant Signature

Date



Pre-Employment Voluntary Survey

Holder Construction Company is an Equal Employment Opportunity employer. The Company is committed to providing equal opportunity in employment, including but not limited to selection, hiring, assignment, re-assignment, promotion, transfer, compensation, discipline, and termination. The Company prohibits discrimination in employment based on race; color; religion; national origin; sex (including same sex); gender conformity; pregnancy, childbirth, or related medical conditions; age; disability or handicap; citizenship status; service member status; veteran status; genetic information or any other category protected by federal, state or local law.

This voluntary survey assists us in complying with government record keeping, reporting, and other legal requirements. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your Application for Employment or personnel file.

Applicant Name: _____ Date: _____

Check one:

Male Female

Check one of the following:

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- Asian (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, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the Black racial groups of Africa.)
- American Indian/Alaskan Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Two or More Races (All persons who identify with more than one of the above five races.)
Specify races: _____

Check if any of the following are applicable:

- Veteran of the Vietnam Era Veteran (A person who served on active duty in the Republic of Vietnam or any other location between February 28, 1961, and May 7, 1975.)
- Special Disabled Veteran (A person who is or would be entitled to compensation under laws administered by the Department of Veterans' Affairs for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has a serious employment handicap, or a person who was discharged from active duty because of a service-connected disability.)
- Other Protected Veterans (A person who served on active duty in the U.S. military, ground, naval or air service during a war in a campaign or expedition for which a campaign badge has been authorized.)

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



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