

**Advance**  
**RESOURCES** LLC  
**EMPLOYMENT APPLICATION**

**APPLICANT INFORMATION**

DATE: \_\_\_/\_\_\_/20\_\_\_ FULL NAME: \_\_\_\_\_  
*Last**First**Middle Initial*

ADDRESS: \_\_\_\_\_  
*Street Address**Apartment/Unit #*

\_\_\_\_\_  
*City**State**Zip Code*

PHONE: (     ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_ IF REFERRED BY EMPLOYEE, WHO? \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ HOW DID YOU HEAR ABOUT THE POSITION? \_\_\_\_\_

	YES	NO		YES	NO
ARE YOU CURRENTLY EMPLOYED?			DO YOU HAVE TRANSPORTATION?		
IF NO, HOW LONG SINCE LEAVING LAST JOB?			DO YOU HAVE A VALID DRIVER'S LICENSE?		
CAN YOU WORK OVERTIME?			ARE YOU AUTHORIZED TO WORK IN U.S.?		
HAVE YOU EVER WORKED FOR THIS COMPANY?			ARE YOU OVER THE AGE OF 18?		
IF YES, WHEN? _____					

**EDUCATION**

INDICATE HIGHEST GRADE COMPLETED:    HIGH SCHOOL 1 2 3 4    COLLEGE 1 2 3 4 5 6  
LAST SCHOOL ATTENDED: \_\_\_\_\_ DID YOU GRADUATE?    ☐ YES    ☐ NO  
DEGREE RECEIVED: \_\_\_\_\_

**REFERENCES**

PLEASE LIST THREE PROFESSIONAL REFERENCES:

FULL NAME	RELATIONSHIP	COMPANY	PHONE NUMBER

An Equal Opportunity/Affirmative Action Employer

### EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PREVIOUS EMPLOYER? ☐ YES ☐ NO

EMPLOYER	DATES		POSITION/TITLE
	FROM	TO	
ADDRESS			DUTIES PERFORMED
PHONE	FROM TO		REASON FOR LEAVING
SUPERVISOR			

MAY WE CONTACT YOUR PREVIOUS EMPLOYER? ☐ YES ☐ NO

EMPLOYER	DATES		POSITION/TITLE
	FROM	TO	
ADDRESS			DUTIES PERFORMED
PHONE	FROM TO		REASON FOR LEAVING
SUPERVISOR			

MAY WE CONTACT YOUR PREVIOUS EMPLOYER? ☐ YES ☐ NO

EMPLOYER	DATES		POSITION/TITLE
	FROM	TO	
ADDRESS			DUTIES PERFORMED
PHONE	FROM TO		REASON FOR LEAVING
SUPERVISOR			

### MILITARY SERVICE

BRANCH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 RANK AT DISCHARGE: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_  
 IF OTHER THAN HONORABLE, EXPLAIN: \_\_\_\_\_

### EXPERIENCE & QUALIFICATIONS

JOB CLASSIFICATION	YEARS OF EXPERIENCE	EQUIPMENT	YEARS OF EXPERIENCE	EQUIPMENT	YEARS OF EXPERIENCE
LABORER (PAVING)		PAVER		DUMP TRUCK	
FOREMAN		EXCAVATOR		BACKHOE	
LANDSCAPER		ROLLER			
MASON		GRADER			
FORM WORK		DOZER			
DRAINAGE		LOADER			

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



LIST COURSES, TRAINING, LICENSES, AND CERTIFICATIONS IN HIGHWAY, CONSTRUCTION, LANDSCAPING, ETC. (HOISTERS LICENSE, OSHA 10, ETC):

LIST COURSES AND TRAINING FOR OFFICE WORK:

LIST ANY TRUCKING, TRANSPORTATION, OR OTHER EXPERIENCE THAT MAY HELP YOU IN EMPLOYMENT WITH OUR COMPANY (CLASS A OR B CDL, ETC)

**DISCLAIMER AND SIGNATURE**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of a related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment the Company may require a medical exam and/or drug screen, I agree to submit to the same before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

THE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. THE COMPANY DOES NOT DISCRIMINATE IN EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW REGARDING RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, INDIVIDUALS WITH DISABILITIES, SEXUAL ORIENTATION, OR HEALTH INSURANCE STATUS. NO QUESTION ON THE APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

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

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



*An equal opportunity, affirmative action employer. (DAS CERTIFIED MBE)*

70 FOSTER RD., WATERFORD, CT 06385

Due to increasing requests from our clients, it may be necessary for us to perform background checks on our employees.

By signing below you authorize Advance Resources, LLC to run background checks as needed.

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Signature

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Print name

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Date



## **EMPLOYEE AUTHORIZATION OF MOTOR VEHICLE RECORD REVIEW**

AS A DRIVER OR PROSPECTIVE DRIVER OF A COMPANY VEHICLE, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO OPERATE THE VEHICLE IN A SAFE MANNER AND TO DRIVE DEFENSIVELY TO PREVENT INJURIES AND PROPERTY DAMAGE.

I ALSO UNDERSTAND THAT AS A PROSPECTIVE OR CURRENT EMPLOYEE, MY EMPLOYER WILL PERIODICALLY REVIEW MY MOTOR VEHICLE RECORD TO DETERMINE MY CURRENT AND CONTINUED ELIGIBILITY TO DRIVE A COMPANY VEHICLE. IN ACCORDANCE WITH THE FAIR CREDIT REPORTING ACT, I HAVE BEEN INFORMED THAT MY MOTOR VEHICLE RECORD WILL BE OBTAINED FOR PROSPECTIVE EMPLOYMENT, AS WELL AS PERIODICALLY FOR CONTINUED EMPLOYMENT PURPOSES.

MY SIGNATURE ON THIS DOCUMENT ACKNOWLEDGES RECEIPT, AND UNDERSTANDING OF THE ABOVE DISCLOSURE AND AUTHORIZES MY CURRENT OR PROSPECTIVE EMPLOYER, OR ITS DESIGNATED AGENT, TO OBTAIN MY MOTOR VEHICLE RECORD REPORT. THIS AUTHORIZATION IS VALID AS LONG AS I AM AN EMPLOYEE OR PROSPECTIVE EMPLOYEE AND MAY ONLY BE REINDEED BY ME IN WRITING.

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EMPLOYEE / PROSPECTIVE EMPLOYEE NAME. PLEASE PRINT

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DRIVERS LICENSE STATE AND NUMBER

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EMPLOYEE / PROSPECTIVE EMPLOYEE SIGNATURE, AND DATE

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EMPLOYER REPRESENTATIVE SIGNATURE AND TITLE, AND DATE

**PLEASE FILL OUT NAME ON LINE #1, DRIVER'S LICENSE INFORMATION ON LINE #2,  
AND SIGN AND DATE ON LINE #3**

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

GENDER:

(Please check one of the options below)

☐ Male

☐ Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you 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 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.

☐ Native American 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 maintains 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.

☐ I do not wish to disclose.



## **VETERANS INVITATION TO SELF-IDENTIFY**

Regulations issued by the U.S. Department of Labor with respect to Vietnam Era veterans and other protected veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

The 4 classifications of protected veterans are listed below:

**Disabled Veteran** is one of the following:

- 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
- a person who was discharged or released from active duty because of a service-connected disability

**Recently Separated Veteran** means 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.

**Active Duty Wartime or Campaign Badge 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 the laws administered by the Department of Defense.

**Armed Forces Service Medal Veteran** means a 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.

If you believe you belong to any of the categories of protected veterans, listed below, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- ☐ **I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**
  - ☐ **I AM NOT A PROTECTED VETERAN**
  - ☐ **I DO NOT WISH TO ANSWER**
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## 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 select one of the options below:**

**Do you have a disability?**

....

\_\_\_\_\_  
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.

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<sup>i</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.