

EMPLOYMENT APPLICATION



HazTrain, Inc.
 3460 Rockefeller Ct.
 Waldorf, MD 20602
 301.932.0994
 Fax: 301.934.9584
 www.haztrain.com

FOR OFFICIAL USE ONLY:

Interviewer	Date	Status
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POSITION APPLIED FOR:

Title:	
Date:	
Job Location:	
Minimum Salary:	\$ _____ per

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:

- Complete all information within the application in its entirety.
- All information provided will be in a public record and will be released upon request, unless exempt or confidential.
- Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Submit application to HazTrain, Inc. Fax 301.934.9584 or hr@haztrain.com, no later than 11:59PM (EST) on the announced deadline date.
- Carefully read and sign the Certification and Authorization Section (page 4). All information is subject to verification.

YOUR IDENTITY AND CONTACT INFORMATION:

Last Name		First Name		MI
Address				
City	County	State	Zip	
Home Phone		Cell Phone		
Email Address				

EDUCATION

HIGH SCHOOL:

Name/Location of High School		<input type="checkbox"/> HS Diploma <input type="checkbox"/> Other (Specify) _____	Name, If Different
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COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES OF ATTENDANCE		MAJOR/MINOR	TYPE OF DEGREE
		FROM	TO		

Name, If Different: _____

OTHER EDUCATION:

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LICENSURE, REGISTRATION, CERTIFICATIONS

LICENSE, REGISTRATION, or CERTIFICATION	Certification Number	Date Received	Licensing Agency

4	Name of Present or Most Recent Employer:			
	Employer's Address:			
Supervisor's Name:			Supervisor's Phone #:	
Job Title:			Ending Salary:	\$ per
Start Date:		End Date:	Reason for Leaving:	
Description of Job Duties and Responsibilities:				

5	Name of Present or Most Recent Employer:			
	Employer's Address:			
Supervisor's Name:			Supervisor's Phone #:	
Job Title:			Ending Salary:	\$ per
Start Date:		End Date:	Reason for Leaving:	
Description of Job Duties and Responsibilities:				

6	Name of Present or Most Recent Employer:			
	Employer's Address:			
Supervisor's Name:			Supervisor's Phone #:	
Job Title:			Ending Salary:	\$ per
Start Date:		End Date:	Reason for Leaving:	
Description of Job Duties and Responsibilities:				

If additional entries for employment history are necessary, attach additional sheets using the same format as on this application. Resumes, additional responsibilities, awards, recommendations, etc. may be attached to provide additional information.

KNOWLEDGE, SKILLS, ABILITIES

LIST KSAs YOU POSSESS AND BELIEVE ARE RELEVANT TO THE POSITION APPLIED FOR:

(eg., computer skills, foreign language fluency, heavy equipment or truck operation, etc.)

BACKGROUND INFORMATION

SECURITY CLEARANCE:

SECURITY CLEARANCE: YES NO

LEVEL:

CURRENTLY ACTIVE: YES NO

CRIMINAL/CREDIT/DRIVING RECORD CHECK:

Date of Birth:

Place of Birth:

Social Security Number:

Other Names Used:

Regarding a crime which is a Felony or First Degree Misdemeanor, have you ever:

(Note: A "YES" answer to the following questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in relation to the position for which you are applying are considered.)

been convicted? YES NO pled nolo contendere or guilty? YES NO had adjudication of guilt? YES NO

If "YES" What Charge?

Where?

When?

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE:

Are you a current or former law enforcement officer, or the spouse or child of one, whose information is exempt from public records disclosure under §3-103(c), Maryland Statutes: YES NO

CITIZENSHIP:

Under the Immigration Reform and Control Act of 1986, an employer is required to hire only US citizens and lawfully authorized alien workers. Your will be required to provide identification and either proof of citizenship or proof of authorization to work in the US.

Are you a US citizen? YES NO If "NO" are you legally authorized to accept employment? YES NO

DRIVER'S LICENSE:

License Number:

State of Issue:

EMPLOYMENT WITH HAZTRAIN:

Have you ever apply for a position with HazTrain? YES NO Do you have any relatives working with HazTrain? YES NO

Are you acquainted with any current or former employees of HazTrain? YES NO Employee:

CERTIFICATION AND AUTHORIZATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations contained herein may disqualify me for employment consideration and, if hired, may be grounds for termination at a later date. I understand that any information I've provided may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized agents of HazTrain, Inc. for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. initials

I authorize aforesaid agents of HazTrain, Inc. to conduct, for the purposes of determining suitability for employment, criminal background and, if applicable to the position applying for, credit history checks. I understand that information acquired during the course of these checks will not be disseminated outside of HazTrain, Inc., but will be considered as part of the employment application. initials

HazTrain, Inc. is a drug-free workplace. As a condition of employment, I consent to pre-employment, incident, and random drug screening at HazTrain's expense and chosen screening facility. I understand that positive results or refusal to be tested constitutes withdrawal of my employment application. initials

If hired, throughout the course of employment with HazTrain, Inc, I authorize use of my image and resume in printed and electronic publications. I understand that revocation of photograph authorization must be made in writing. initials

SIGNATURE:

PRINTED NAME:

DATE:

VETERANS' PREFERENCE INFORMATION

YOUR FULL NAME:

POSITION FOR WHICH YOU ARE APPLYING:

For the purposes of appointments, retention, reinstatement and reemployment, Veterans' Preference ensures that veterans and eligible spouses of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible spouse of a veteran will be the candidate selected to fill the position. Completion the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. List below are the Veterans' Preference categories:

1. Special Disabled Veteran: (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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability, **or**

2. Vietnam Era Veteran: (i) a person who served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975 or (B) between August 5, 1964, and May 7, 1975, in any other location, **or**

3. Recently Separated Veterans: any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty, **or**

4. Other Protected Veterans: (i) the spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained or interned in the line of duty by a foreign power; (ii) the unmarried widow or widower of a veteran who died of a service-connected disability; (iii) a veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized, including any Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

Note: The receipt of a campaign medal is not required, only service during a wartime period.

A DD214 or comparable document which serves as a certificate of release or discharge and any other required supporting documentation may be requested upon hire. Please FAX supporting documentation to HazTrain, Inc. at 301.934.9584 by the closing date of the advertisement. Be sure to include the position title as well as the position number for which you are applying.

If a qualified applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Maryland Department of Veterans' Affairs, The Jeffrey Building, 16 Francis Street, Annapolis, MD 21401. A complaint must be filed within 21 days for the applicant receiving notice of the hiring decision made by the employing agency or with 3 months of the date the application was filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM:

IF YOU ARE ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? (Indicate by checking each applicable number from the Veterans' Preference Information Section above.

#1

#2

#3

#4

ARE YOU CURRENTLY EMPLOYED IN A CAREER SERVICE POSITION WITH THE COMPANY TO WHICH YOU ARE CURRENTLY APPLYING?

YES NO

ARE YOU A RESIDENT OF THE STATE OF MARYLAND?

YES NO

HAVE YOU RECEIVED A PROMOTIONAL APPOINTMENT, SUBSEQUENT TO ACTIVE MILITARY SERVICE WITH THE COMPANY TO WHICH YOU ARE CURRENTLY APPLYING?

YES NO

SIGNATURE:

DATE:

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Although the following information is not mandatory, it is requested to aid the State of Maryland in its commitment to Equal Employment Opportunity, Affirmative Action and to meet federal reporting requirement. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Maryland Commission on Human Relations, Saint Paul Street, Ninth Floor, Baltimore, Maryland 21201.

RACE (check only one)	ETHNICITY (check only one)	SEX
<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Two or more races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female <input type="checkbox"/> Male

HazTrain, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with HazTrain, Inc. depends solely on your qualifications.

SIGNATURE:			
PRINTED NAME:		DATE:	

REFERENCES

PROFESSIONAL REFERENCES				
Name	Nature of Relationship	City, State	Phone	Email
PERSONAL REFERENCES				
RELATIVE NOT LIVING WITH YOU				