

USA Environmental, Inc.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name First Middle			Date
	Permanent Address			Home Telephone
	City	State	Zip	Alternate or Cell Telephone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Email Address
	If yes: Month & Year		Location	
	Position Desired		Pay Expected	Social Security #
	Project preference: <input type="checkbox"/> Long-term <input type="checkbox"/> Short-term			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Do you possess a current passport? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, expiration date?			
Have you been employed under any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list.				
Have you ever been convicted of a felony? (A "Yes" response will not necessarily affect your opportunity for employment). <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," please give details regarding conviction(s) and date(s).				

E D U C A T I O N		<i>School</i>	<i>Name and Location of School</i>	<i>Course of Study</i>	<i>No. of Years Completed</i>	<i>Did you Graduate?</i>	<i>Degree or Diploma</i>
	Graduate					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations

(OVER)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. (UXO applicants should complete the following EOD Information pages.)

1	Company Name	Telephone
	Address	Employed (<i>state month & year</i>) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (<i>state month & year</i>) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (<i>state month & year</i>) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (<i>state month & year</i>) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed Above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
	Employer _____	Reason _____
	Employer _____	Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch? _____	Dates: _____
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Describe any training received relevant to the position for which you are applying.

S I G N A T U R E	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I authorize USA Environmental, Inc. to verify previous employment, educational, criminal and other background information as necessary.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
	If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	Date _____	Signature _____

NOTICE TO APPLICANTS: If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. All applicants will be subject to a drug test.

Explosive Ordnance Disposal Information

Please complete in detail

Last Name		First	MI	Social Security No.	Date
Years Active Military EOD Experience:	Years Civilian UXO Experience:	EOD Rating: __Basic __Senior __Master		Branch of Service/Years	
Were you ever released from EOD responsibilities for PRP reasons:	Copy of EOD certificate must be on file: Submitted: Enclosed:		Copy of DD214 must be on file: Submitted: Enclosed:		

Special Skills/Qualifications (Check Applicable Qualifications)

<input type="checkbox"/> Back-hoe Operator	<input type="checkbox"/> Data Base Manager	<input type="checkbox"/> Logistics Manager	<input type="checkbox"/> Site Evaluation
<input type="checkbox"/> Current CPR	<input type="checkbox"/> Diver Qualified (Provide Copy)	<input type="checkbox"/> Project Management	<input type="checkbox"/> Technical Escort Training
<input type="checkbox"/> Current 40, 8 Hr. Hazardous Material	<input type="checkbox"/> EMT	<input type="checkbox"/> QC/QA Management	<input type="checkbox"/> Other Languages
<input type="checkbox"/> Current First Aid	<input type="checkbox"/> GPS	<input type="checkbox"/> Safety Health Specialist	<input type="checkbox"/> Other _____

Military EOD/Remediation Schools/Courses

Naval EOD School, Basic	Indianhead, MD	Date Completed (M/Y)
Name of School/Course	Location	Date Completed (M/Y)
Name of School/Course	Location	Date Completed (M/Y)

Civilian UXO/Remediation Schools/Courses

Name of School/Course	Location	Date Completed (M/Y)
Name of School/Course	Location	Date Completed (M/Y)
Name of School/Course	Location	Date Completed (M/Y)

Military Assignment History EOD-Related – (Most Recent First)

Unit	Location	From (Month/Year)	To (Month/Year)
Position: __EOD Member __EOD Team Leader __EOD Supervisor __NCOIC __OIC __MOS/AFSC _____			
Other Specialty			
EOD Environment: __EOD Operations __Range Clearance __N/A EOD Supv. Info: # of Teams_____ # of Personnel_____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (EOD only):			

Unit	Location	From (Month/Year)	To (Month/Year)
Position: __EOD Member __EOD Team Leader __EOD Supervisor __NCOIC __OIC __MOS/AFSC _____			
Other Specialty			
EOD Environment: __EOD Operations __Range Clearance __N/A EOD Supv. Info: # of Teams_____ # of Personnel_____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (EOD only):			

Unit	Location	From (Month/Year)	To (Month/Year)
Position: <input type="checkbox"/> EOD Member <input type="checkbox"/> EOD Team Leader <input type="checkbox"/> EOD Supervisor <input type="checkbox"/> NCOIC <input type="checkbox"/> OIC <input type="checkbox"/> MOS/AFSC Other Specialty			
EOD Environment: <input type="checkbox"/> EOD Operations <input type="checkbox"/> Range Clearance <input type="checkbox"/> N/A EOD Supv. Info: # of Teams _____ # of Personnel _____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (EOD only):			

Civilian UXO Experience

Company	Location	From (Month/Year)	To (Month/Year)
Position: <input type="checkbox"/> UXO Member <input type="checkbox"/> UXO Team Leader <input type="checkbox"/> UXO Supervisor <input type="checkbox"/> NCOIC <input type="checkbox"/> OIC <input type="checkbox"/> MOS/AFSC _____ Other Specialty			
UXO Environment: <input type="checkbox"/> UXO Operations <input type="checkbox"/> Range Clearance <input type="checkbox"/> N/A UXO Supv. Info: # of Teams _____ # of Personnel _____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (UXO only):			

Company	Location	From (Month/Year)	To (Month/Year)
Position: <input type="checkbox"/> UXO Member <input type="checkbox"/> UXO Team Leader <input type="checkbox"/> UXO Supervisor <input type="checkbox"/> NCOIC <input type="checkbox"/> OIC <input type="checkbox"/> MOS/AFSC _____ Other Specialty			
UXO Environment: <input type="checkbox"/> UXO Operations <input type="checkbox"/> Range Clearance <input type="checkbox"/> N/A UXO Supv. Info: # of Teams _____ # of Personnel _____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (UXO only):			

Company	Location	From (Month/Year)	To (Month/Year)
Position: <input type="checkbox"/> UXO Member <input type="checkbox"/> UXO Team Leader <input type="checkbox"/> UXO Supervisor <input type="checkbox"/> NCOIC <input type="checkbox"/> OIC <input type="checkbox"/> MOS/AFSC _____ Other Specialty			
UXO Environment: <input type="checkbox"/> UXO Operations <input type="checkbox"/> Range Clearance <input type="checkbox"/> N/A UXO Supv. Info: # of Teams _____ # of Personnel _____			
Name of Range/ASP (if applicable)		Size of Range	Amount of Ordnance Involved:
Work Performed (UXO only):			

Signature

Date

USA Environmental, Inc.

Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individuals.

Your cooperation is strictly voluntary. Inclusion or exclusion of any data will not affect any employment decision.

Applicant name: _____
(Please Print)

Gender: _____ Female _____ Male

Ethnicity: Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race).

_____ Yes _____ No

Race: If you are not Hispanic or Latino, please select the appropriate race category.

_____ White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original 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.

_____ American Indian 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) – persons who identify with more than one of the above five races.

_____ I respectfully decline completing the information being requested above.

Signature

Date

**USA ENVIRONMENTAL, INC.
DISCLOSURE STATEMENT**

**NOTICE TO APPLICANTS/EMPLOYEES
REGARDING CONSUMER REPORTS**

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the company. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the Company.** A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the Human Resources Department of the Company, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

Print your name: _____

Signature: _____

Date: _____

**THIS FORM IS ONLY TO BE COMPLETED IF AN OFFER OF EMPLOYMENT HAS
BEEN EXTENDED**

