



**Reliable Contracting Company, Inc.**

Central Maryland

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21054

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Southern Maryland

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White Plains, MD 20695

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**EMPLOYMENT APPLICATION**

**To the applicant:**

*This is a pre-employment questionnaire designed to assist us in our hiring decisions. For this reason, it is important that you fill out this application completely and truthfully. Please answer only those questions asked within this application. If you receive an offer of employment from the Company, it will be conditioned upon passing a physical and substance abuse examination.*

*Reliable Contracting Company, Inc. is an **equal opportunity employer** and will not discriminate against any application for employment on the basis of age, race, color, creed, religion, age, sex, sexual orientation, gender identity or expression, genetic information, national origin, veteran status, military status, physical or mental handicap, marital status, pregnancy, child birth or related medical condition, personal appearance, familial status, family responsibilities, matriculation, political affiliation, source of income, place of business or residence, or any other category protected by applicable law. Reliable Contracting Company, Inc. participates in the E-Verify program to confirm the employment eligibility of all persons hired. This means that we 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. Reliable Contracting Company, Inc. will not use E-Verify to pre-screen job applicants.*

Position for which you are applying: \_\_\_\_\_

Name (first, middle initial, last, suffix): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact & Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you legally authorized to work in the United States? Yes  No

Are you over the age of 18? Yes  No

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes  No

Education	Name & Location	Degree or Certificate
High School		
Trade School		
Apprenticeship		
College		

If not formally trained, where did you acquire the knowledge for this position?  
\_\_\_\_\_

**References:**

Please list Three (3) Personal References, other than family members or spouse, who can verify your eligibility for this program. Additional reference can be attached on a separate sheet of paper.

Reference	Name	Telephone #	Relationship
1			
2			
3			

How did you learn of this job announcement (please be specific)? \_\_\_\_\_

**Prior Employment**

Have you worked at Reliable Contracting Company, Inc. before? Yes  No

If yes, please state who you worked for, the department, and your position. \_\_\_\_\_

Do you know any Reliable Contracting Company, Inc. employees? Yes  No

Employee	Name	Relationship
1		
2		
3		

**Please list prior work experience starting with the most recent position.**

Month & Year	Name, Address & Contact Number	Supervisor's Name	Salary	Position	Reason for Leaving
To: From:					
To: From:					
To: From:					

**Availability:**

When can you start? \_\_\_\_\_

Your position may/will require you to drive a Company vehicle. What class of license do you have? \_\_\_\_\_

In what state was it issued? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**Certification: Please read carefully before signing.**

1. I acknowledge and agree that the information in this employment is true and complete to the best of my knowledge. I understand and agree that giving false information or omitting certain information in this application may result in rejection of my application or termination of my employment.
2. I authorize Reliable Contracting Company, Inc. to check and verify all information provided by me in this Application, including speaking with or seeking information from former employers and references identified in this Application. I hereby release and discharge Reliable Contracting Company, Inc. from any and all liability arising out of, related to, or resulting from, such verification.
3. I consent to take any physical examinations, including tests for alcohol or drugs that may be requested by Reliable Contracting Company, Inc. either: (1) after an offer of employment, but before beginning work; or (2) while working for the Company as permitted by law. I authorize any health care professional who performs such as examination to release the results of such examinations to Reliable Contracting Co., Inc.
4. I understand that, if hired, I will be an at-will employee, and that either Reliable Contracting Company, Inc. or I can terminate that employment at any time, with or without notice, for any reason, and that no agreement to the contrary is recognized by Reliable Contracting Company, Inc. unless made in writing and signed by the owners of the Company.
5. I understand that this Application will remain active (used for consideration) for thirty (30) days only.
6. I understand that, if hired, I will serve an introductory employment period of ninety (90) days, during which time Reliable Contracting Company, Inc. will evaluate my performance with the Company. I further understand that, both during and after the introductory period, I will be employed "at will."

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **Reliable Contracting Co., Inc. Policy Regarding Illegal Drugs, Substances, Contraband, Weapons, Stolen Property and Unauthorized Items**

You must read and sign this form and submit with your application to be considered for employment.

Our Company realizes the importance of providing a safe and healthy work environment for all employees and visitors. The following policy was adopted in this regard. This policy applies to all employees, subcontractors and their employees and business invitees.

## **PURPOSE OF POLICY**

In order to (1) assist in maintaining a safe working environment for employees, (2) protect Company property and (3) cooperate with contractors and subcontractors in their efforts to contribute to safe and efficient operations, this Company has established a POLICY REGARDING ILLEGAL DRUGS, SUBSTANCES, CONTRABAND, WEAPONS, STOLEN PROPERTY AND UNAUTHORIZED ITEMS.

## **COMPANY PREMISES DEFINED**

The term "Company premises", its affiliates or subsidiaries as used in this notice includes all work related property, facilities, land, platforms, buildings, structures, fixtures, installations, boats, aircraft, automobiles, trucks and other vehicles, whether owned, leased or used by the Company. This may also include other work locations or travel to or from those locations while in the course and scope of Company employment.

## **COMPANY POLICY**

This is to notify all employees, employees of other contractors, companies and other invitees that use of, being under the influence of, possession, concealment, transportation, promotion or sale of the following items or substances are strictly prohibited at any time during the hours between the beginning and end of the employee's work day, or at any time in such a manner as to adversely affect job performance whether or not on duty, on Company business or on Company premises or property:

1. Illegal drugs, controlled substances (including trace amounts), look-alikes and designer drugs.
2. Unauthorized alcoholic beverages.
3. Firearms, weapons, explosives and ammunition.
4. Unauthorized items, including:
  - a. Any stolen property
  - b. Drug paraphernalia
5. Unauthorized prescription drugs – except under the following conditions:
  - a. When foreman has been notified prior to using prescription drugs and
  - b. Employees name is noted on each vial and
  - c. When prescription is no older than one (1) year of date issued and
  - d. Employee only has in possession enough medication for normal work shift.

## **NOTE:**

The Company at all times reserves the right to have its designated medical provider determine if a prescription drug or medication produces hazardous effects, and the Company may restrict the use of any such drug or medication accordingly. This may also include restricting the employee's work activity.

## **NON-DISCRIMINATION**

In accordance with the requirements of the Americans with Disabilities Act, the Company does not discriminate against employees or applicants who are qualified individuals with a disability who (1) have successfully completed or who are currently participating in a supervised rehabilitation program and are no longer engaging in such use; or (2) have otherwise been rehabilitated successfully and are no longer engaging in such use.

## **SEARCHES AND INSPECTIONS**

The Company reserves the right at all times, while on the premises and properties described above or on Company business and as circumstances warrant, to have Company supervisors or authorized Search and Inspection Specialists conduct searches and inspections of employees, or other persons and their lockers, living quarters, baggage, desk, tool boxes, clothing and vehicles, for the purpose of determining if such employees or other persons are in possession, use, transportation or concealment of any of the prohibited items and substances of this policy. This Policy will extinguish and eliminate any continuing expectation of privacy where a reasonable belief exists that there has been a Policy violation.

**DRUG AND/OR ALCOHOL TEST**

Employees, subcontractors and their employees and business invitees may be asked to submit to an unannounced Urine Drug Screen Test or Blood and Plasma Test at the Company's discretion. Such tests may be witnessed as required for purpose of assuring validity of sample.

**COMPANY POSITION FOR POLICY VIOLATIONS**

No employee search, urine drug screen or inspection will be conducted without consent; however, an employee who refuses to submit to a search, urine drug screen, blood and plasma sampling, inspection, or is found to be in possession of any illegal substances, contraband, stolen property, or any of the above mentioned drugs and unauthorized items, will be subject to disciplinary action up to and including discharge from employment.

Any applicant who has received a conditional offer of employment and any employee who refuses to submit to a search, urine drug screen, blood screen, blood and plasma sampling, or is found to be in possession of any illegal substance, contraband, Company property, or any of the above mentioned drugs and unauthorized items, will not be allowed on the premises, or if present, will be removed and not allowed to return to any of this Company's properties or facilities described herein.

Entry by an applicant who has received a conditional offer of employment and any employee into this Company property as described above constitutes consent to the recognition of the right of this Company or its authorized representatives to conduct searches, inspections, urine drug screen and/or receive a blood plasma sample from the employee and/or other persons and search and inspection of their personal effects, vehicles, tool boxes, desks, clothing, boats, airplanes and any other property of employees and other persons, while entering, on or departing the premises of the Company.

Illegal substances, drugs, stolen property and unauthorized items discovered through these searches and inspections may result in the applicable law enforcement authorities being so notified.

This POLICY is made for the maximum safety and well-being of all employees and other personnel. Your assistance and cooperation for the achievement of this goal is vitally important.

**RESERVATION OF RIGHTS**

The Company reserves the right to interpret and administer this Policy, and at any time and in its sole discretion, may amend, supplement, modify, revoke, rescind or change this Policy, in whole or in part, with or without notice. This Policy is not an express or implied contract of employment nor is it to be interpreted as such. Additionally, this Policy does not in any way affect or change the status of any at-will employee.

*Nothing is this Policy should be construed to prohibit the Company from its responsibility to maintain a safe and secure work environment for its employees of from invoking such disciplinary actions as may, in the sole discretion of the Company, be deemed appropriate for actions of misconduct by virtue of their having arisen out of the use or abuse of alcohol or drugs or both.*

**I HAVE READ AND UNDERSTAND THE ABOVE POLICY.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

## EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability or other protected characteristic.

Reliable Contracting Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Reliable Contracting Company invites employees to voluntarily self-identify their gender and race or ethnicity. We are an organization that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

***This detachable form will be kept in a confidential file separate from your application for employment.***

Date Applied: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Address (Street, City, State, and Zip Code): \_\_\_\_\_

**Gender Identification (check one):**     Female     Male

**Race/Ethnic Identification (check one):** Please mark the one box that describes the race/ethnicity category with which you primarily identify.

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

***If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.***

**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 Other 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.

**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 maintain 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 race/ethnicity categories.

Decline self-identification.

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Applicant's Signature

Date

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