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**Reliable Contracting Company, Inc.  
 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	Name of Degree or Certificate Completed:
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 position. 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.**

Name, Address & Contact Number	Supervisor's Name	Position	Reason for Leaving	Starting Month & Year	Ending Month & Year

**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 Company, 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 in this Policy should be construed to prohibit the Company from its responsibility to maintain a safe and secure work environment for its employees or 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. (Code 2)

***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. (Code 5)

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa. (Code 1)

**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. (Code 6)

**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. (Code 4)

**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. (Code 3)

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five race/ethnicity categories. (Code 7)

Other. (Code 8)

Decline self-identification. (Code 9)

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**Applicant's Signature**

**Date**

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## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

**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.

### For Employer Use Only

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

*Please see the Reasonable Accommodation Notice on the back of this form*

## Voluntary Self-Identification of Disability Form CC-305

OMB Control Number 1250-0005

## Voluntary Self-Identification of Disabled Veterans

Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA)

Are you

Please tell us if you require a reasonable accommodation to apply for a job.

Examples of reasonable accommodation include making a change to the application process or procedures, providing documents in alternate format, using a sign language interpreter, or using specialized equipment.

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| 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)

### **Reasonable Accommodation Notice**

Please contact Human Resources and/or Safety Risk Management with any questions as to whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations.

This information will assist us in making reasonable accommodations for your disability.

**Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.**

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled employees, and regarding necessary accommodations; (ii) first aid and safety personnel will be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.



## SELF-IDENTIFICATION OF VETERAN STATUS (VEVRAA)

Our company is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors and sub-contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, 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).

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Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined below and explained further in an "[Am I a Protected Veteran?](#)" infographic provided by OFCCP.

- I identify as one or more of the classifications of Veteran listed below      Discharge date (if applicable)
- I identify as a Veteran, although not a protected Veteran      \_\_\_\_\_
- I am not a Veteran
- I do not wish to answer

"Protected" veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. A "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.
2. A "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.
3. An "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.
4. An "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.

**Submission of the information on this form is voluntary and refusal to provide it will not subject you to any adverse treatment.**

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Date*

