



PRE-APPLICATION FOR EMPLOYMENT

The following information is required for all new hires:

1. Copy of State Drivers License or State Identification Card
2. Copy of Union Card (Front/Back)

The following information is required for all Detroit Residents:

Category A - Copies required for any 2 of the following documents

1. Drivers License
2. Michigan State Identification Card
3. Voter's Registration Card
4. Motor Vehicle Registration
5. Most recent Federal, State or City of Detroit tax return

Category B - Provide copy of Mandatory Document

1. Provide recent gas, electric, phone bill or attached utility affidavit signed by a land lord with respect to a leased residence
Water, Sewerage and Cell Phone bills not accepted

Operator _____ (CDL) _____ Chauffeur _____ Expiration Date: _____

What is your means of transportation to work? _____

POSITION DESIRED:

Position(s) Applying for: _____

Member of Union Local: _____ How many years: _____

Employment Desired: Full-Time _____ Part-Time _____

List skills, certifications or licenses: _____

List equipment trained to operate: _____

EMPLOYER REFERENCES:

#1 Employer: _____
Address: _____
Supervisor: _____
Job Title: _____
Employment Dates: _____
Phone #: _____
Reason for Leaving: _____

#2 Employer: _____
Address: _____
Supervisor: _____
Job Title: _____
Employment Dates: _____
Phone #: _____
Reason for Leaving: _____

#3 Employer: _____
Address: _____
Supervisor: _____
Job Title: _____
Employment Dates: _____
Phone #: _____
Reason for Leaving: _____

Employer: _____
 Address: _____
 Supervisor: _____
 #4 Job Title: _____
 Employment Dates: _____
 Phone #: _____
 Reason for Leaving: _____

EDUCATION:

Type of School	Name of School, Number of Years Completed, Major & Degree
High School	
College	
Business or Trade School	
Professional School	

IN CASE OF EMERGENCY: (Person (s) to be notified in the event of an accident or emergency)

Name, Relationship, Phone #	
Name, Relationship, Phone #	
Name, Relationship, Phone #	

AUTHORIZATION AND UNDERSTANDING:

Upon signing this application , I represent that all of the information now and hereafter given by me in support of my application is true and complete. I authorize you to verify any information concerning my employment, education or criminal history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosure, and this release liability does not waive nor prohibit a individual filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this agreement may only be altered in writing directed to me personally and signed by the president of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the company as they are from time to time changed, and no additional obligations can be imposed on the company except those which have been acknowledged in writing by the president or designated representatives.

I agree that any action or suite against the company, its agents or employees, arising out of my employment or termination of my employment, including but not limited to claims arising under the State, but not Federal, civil right statutes, must be brought within 180 days of events giving rise to claims or be forever barred. I waive all limitations periods to the contrary. I further agree if I should bring any non-statutory action or claim arising out of my employment against the company, in which the company prevails, I will pay to the company any and all costs incurred by the company in defense of said claims or actions, including attorney fees.

I also understand that the company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment. The consent to and compliance with such policy is a condition of my employment and continued employment is based on successful passing of testing under such policy.

Signature of Applicant: _____

Date: _____

Blaze Contracting, Inc. is an equal employment opportunity / affirmative action employer. Blaze Contracting, Inc. provides equal employment opportunity to all employees and qualified applicants for employment free from unlawful discrimination based on race, color, religion, gender, age, national origin, disabled status, protected veteran status, marital status, sexual orientation, gender identity, genetic information or any other status or condition protected by local, state or federal law. We encourage qualified persons of every race, color, religion, sex, national origin, heritage, gender, age, sexual orientation, gender identity, qualified disability or Vietnam era or other protected veteran status, or other protected status to apply online. The federally required posting explaining the equal employment opportunity rights of applicants and prohibiting unlawful bias may be found by visiting this website:

<http://www.dol.gov/ofccp/regs/compliance/posters/ofccpost.htm>



Employee/Applicant EEO-1 Data Sheet

Please complete this Employee/Applicant EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name _____ Social Security # (last 4 digits) _____
Last First Middle

EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **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 separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that **best** applies to you:

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

- OR -

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 races, excluding those who identify themselves as Hispanic or Latino.

Gender: Male Female

Signature _____

Date _____

If you should have any questions regarding this form, please contact the Office Manager.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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.¹ 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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
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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.

ⁱ 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.

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.