



Chesapeake, Virginia
 4801 W. Military Highway
 Chesapeake, Virginia 23321
 (757) 558-9300 office
 (757) 558-1904 fax

Salisbury, Maryland
 800 Snow Hill Road
 Salisbury, Maryland 21804
 (443) 859-8009 office
 (443) 859-8318 fax

EMPLOYMENT APPLICATION

AIM Services, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, sex, gender, age, marital status, national origin, sexual orientation, citizenship, or disability.

PLEASE PRINT

- 1 Name: _____
 Last First Middle
- 2 Address: _____
 Street Address

 City State Zip
- 3 Social Security Number: _____ - _____ - _____
- 4 Telephone Number: _____
 (Area Code) Day Phone (Area Code) Night Phone
- 5 Position Applied For: _____
- 6 Work Category: ☐ Regular Full-Time ☐ Regular Part-Time ☐ Temporary Full or Part-Time
- 7 Availability: ☐ Weekdays ☐ Weekends ☐ Evenings
☐ Nights ☐ Overtime
- 8 Do you have a current drivers license? ☐ Yes ☐ No
- 9 Do you have a vehicle registered in your name that you can use to get to and from work?
☐ Yes ☐ No
- 10 Have You Worked for AIM Before? ☐ Yes ☐ No
- 11 If Yes, List Dates and Reason for Leaving: _____

- 12 Have You Applied at AIM Before? ☐ Yes ☐ No
- 13 If Yes, List Dates _____

- 14 Salary or hourly wage desired? _____
- 15 Did you graduate from high school? ☐ Yes ☐ No

- 16 List any special experience, qualifications, or skills you have that you believe would help you do the job applied for:

- 17 Do you have any of the following licenses?

Asbestos License

Supervisor ☐ State(s) _____
 Worker ☐ State(s) _____
 Project Designer ☐ State(s) _____
 Inspector ☐ State(s) _____

Lead License

Supervisor ☐ State(s) _____
 Worker ☐ State(s) _____
 Project Designer ☐ State(s) _____
 Inspector ☐ State(s) _____

- 18 List any state or federal occupational licenses/certifications you have:

- 19 List any experience you have in operating business or industrial equipment:

- 20 Prior employment:

Company	Dates of Employment	Job Title	Pay Rate	Reason for Leaving
Name _____ Address _____ Phone _____ Supervisor _____				
Name _____ Address _____ Phone _____ Supervisor _____				
Name _____ Address _____ Phone _____ Supervisor _____				

- 21 Have you ever had disciplinary problems with any of the previous employers? _____

22 Voluntary self-identification of "protected" veteran status. AIM is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 USC 4212 (VEVRAA). VEVRAA requires government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment effort of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this section of the application is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

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.

A "protected" veteran include the following categories

- (1) Disabled Veteran - means a veteran of the US 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 the 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) 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 US military, ground, naval, or air service.
- (3) Active Duty Wartime or Campaign Badge Veteran - means a veteran who served on active duty in the US military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized by the laws administered by the Department of Defense.
- (4) Armed Forces Service Medal Veteran - means a veteran who, while serving on active duty, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the veteran categories please indicate by checking the box below.

☐ Identify as one or more ☐ I am not a protected veteran ☐ I do not wish to answer

Providing answers to the following two questions is strictly voluntary on your part, and is not required to complete your application for employment. Nor will providing this information or not providing it affect your application. Federal government regulations require AIM Services to maintain records of job applicants by gender and race.

23 Gender: ☐ Male ☐ Female

24 Race: ☐ White/Caucasian ☐ Black/African-American ☐ American Indian or Alaskan Native
☐ Hispanic/Latino ☐ Asian or Pacific Islander ☐ Other

PHYSICAL JOB REQUIREMENTS FOR FIELD POSITIONS

As a demolition and environmental contractor, many of our job positions have physical requirements. Please complete the physical capabilities section of this application. The company provides reasonable accommodations to qualified candidates and employees who cannot perform a physical function because of disability, except where the accommodation would pose an undue hardship to the company.

In an 8-hour work day, how many hours can you:

Sit	<input type="checkbox"/> <2 hours	<input type="checkbox"/> 2-7 hours	<input type="checkbox"/> 8 hours	<input type="checkbox"/> continuously
Stand	<input type="checkbox"/> <2 hours	<input type="checkbox"/> 2-7 hours	<input type="checkbox"/> 8 hours	<input type="checkbox"/> continuously
Walk	<input type="checkbox"/> <2 hours	<input type="checkbox"/> 2-7 hours	<input type="checkbox"/> 8 hours	<input type="checkbox"/> continuously

In a given day, for how many hours can you sit, stand, and/or walk in combination:

☐ <8 hours ☐ 9-12 hours ☐ 13-14 hours ☐ 15-16 hours

Which hand is dominant: ☐ Right ☐ Left

Please check the box if you are capable of performing the following actions with your hand:

Right hand	<input type="checkbox"/> grasping	<input type="checkbox"/> pushing	<input type="checkbox"/> pulling	<input type="checkbox"/> fine manipulation
Left hand	<input type="checkbox"/> grasping	<input type="checkbox"/> pushing	<input type="checkbox"/> pulling	<input type="checkbox"/> fine manipulation

Please check the box if you can use your feet/legs for operation of foot controls and motor vehicles:

☐ right foot ☐ left foot ☐ simultaneous (both at the same time)

Are you physically able to:	Never	Occasionally	Frequently	Continuously
Lift 0-10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift 11-20 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift 21-50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift 51-100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry 0-10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry 11-20 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry 21-50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry 51-100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate a motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work environment:

	YES	NO
Can you be exposed to marked changes in temperature?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be exposed to marked changes in humidity?	<input type="checkbox"/>	<input type="checkbox"/>
Can you work in hot environments?	<input type="checkbox"/>	<input type="checkbox"/>
Can you work in cold environments?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be exposed to unprotected heights?	<input type="checkbox"/>	<input type="checkbox"/>
Can you work around machinery?	<input type="checkbox"/>	<input type="checkbox"/>
Can you work in dirty and dusty environments?	<input type="checkbox"/>	<input type="checkbox"/>

Other restrictions:

	YES	NO
Do you have a visual impairment requiring accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a hearing impairment requiring accommodation?	<input type="checkbox"/>	<input type="checkbox"/>

Voluntary Self-Identification of DisabilityForm CC-305
Page 1 of 1OMB Control Number 1250-0005
Expires 05/31/2023Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish 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

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

(Read Carefully Before Signing)

- 1 This application is valid for only thirty (30) days. If you have not been employed within thirty (30) days of your application, you must re-apply for a position.
- 2 By my signature below, I agree to the following:
 - a. I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by AIM (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans with Disabilities Act. I further authorize any health care professional who performs such an examination or other medical status to release such information to AIM.
 - b. I understand that any false statements or misleading omissions made by me in connection with my application or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.
 - c. I understand that any employment I might be offered by AIM is at-will and of indefinite duration, and that either I or AIM can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by AIM unless made in writing and signed by the Chief Operating Officer of AIM Management.
 - d. I understand that none of AIM's practices or policies are to be construed as imposing any binding obligations on the Company, and that they are subject to change or deletion at any time.
 - e. I hereby authorize AIM to obtain from schools, former employers, or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job which I have applied.

I have read this Employment Application and I fully understand its contents.

RELEASE AUTHORIZATION

I also hereby authorize any employer, law enforcement agency, administrator, state agency, institution or private information bureau that has any record or knowledge of workers compensation claims, motor vehicle operation history, or criminal history to provide AIM any such information. A telephonic facsimile (FAX) or a photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by any state agency.

 Date

 Signature of Applicant

 Full Name (Type or Print - First Name, Middle Name, Last Name)

 Social Security Number

 Drivers License Number

 State License Issued

AUTHORIZATION FOR BACKGROUND CHECK

AIM Services, Inc. may obtain consumer reports about you for employment purposes, such as the evaluation of your suitability for employment, promotion, reassignment, or retention as an employee. The consumer reports may include public record information concerning your criminal record, driving record, credit rating, and similar information.

By signing below, you authorize AIM Services, Inc. to procure consumer reports regarding you for employment purposes.

Signature

Date

Printed name