



Employment Application

BSCAmerica companies are equal opportunity employers that conform to applicable laws and do not discriminate on the basis of age, citizenship status, color, disability, marital status, national origin, race, religion, religious affiliation, sex, sexual orientation, or veteran status.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner.

Applicant to Complete:

Did you meet with a hiring manager in-person? No Yes

If Yes, what was their first and last name?

What was the date you met with them?: _____

Date _____

Name _____

Address _____

Home Phone: _____ Social Security # _____

Mobile Phone: _____

Do you have the legal right to be employed in the U.S.? Yes No

Are you 18 years of age or older? Yes No

If not, can you supply a work permit? Yes No

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? Yes No

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. Do not list any criminal charges for which the records have been expunged.

Have you ever been denied bonding? Yes No

What type of employment are you seeking?

Full time Part time Temp Summer

To which BSCAmerica company are you applying for employment?

<input type="checkbox"/> Atlantic Auctions, Inc.	<input type="checkbox"/> Car & Truck Auction of MD
<input type="checkbox"/> Atlantic Vehicle Transport	<input type="checkbox"/> Chesapeake Fleet Services
<input type="checkbox"/> Banking Services Corp.	<input type="checkbox"/> Lee & Mason of Maryland
<input type="checkbox"/> Bel Air Auto Auction	<input type="checkbox"/> Tallahassee Auto Auction
<input type="checkbox"/> Unsure	

Position desired:

Salary desired: _____ per hour/per year

Date available to start: _____

Have you ever worked for or applied to a BSCAmerica company before?

Yes No

If yes, please state the location of your position or for which you applied

How did you learn of BSCAmerica and/or the position?

Work History

List all former employers in consecutive order with present or most recent employer listed first.

Dates Employed	Company Name & Address	Position Held	Reason for Leaving	Last Salary

Education

School Name / Location	Last Year Completed	Did you graduate?	Degree/Certificate Received

List any specialized training, skills, or licenses which you feel particularly qualify you for this job:

List any computer software with which you are familiar and your proficiency in each:

References

Please provide the names of three professional references, not related to you, who can best provide pertinent information as to your character and capabilities for

the position you are applying or being considered for. These individuals are generally your previous supervisors.

Name/Title	Organization	Relationship	Telephone #

Hiring Manager to Complete:

Will you be hiring/have you hired this candidate?

No Yes, on what date? (mm/dd/yyyy) _____

Note: All Applicants hired must complete a *New Employee packet* on their first day working. Unfortunately, we cannot pay a new-hire until the required documentation has been received and processed by HR/Payroll.)

Proceed with background check and drug screen: Yes No

Manager's Name in full: _____

Manager's Signature: _____

Date: _____



AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsification of any statements or answers which I provide, or because of omissions made by me in this application. I authorize the companies to which I am applying to obtain from the companies, schools, or persons named above any information regarding my employment and educational history and qualifications for the job for which I have applied and I hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

I understand that any employment I might be offered by a BSCAmerica company is “at will” and that either the Company or I 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 the BSCAmerica companies unless made in writing and signed by an officer of a BSCAmerica company.

I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by BSCAmerica following a conditional offer of employment and prior to commencement of work, and during the course of my employment, consistent with applicable law. I further authorize any health care professional who performs such an examination to release information to the BSCAmerica Company with which I might become employed.

For Applicants to Maryland BSCAmerica Companies:

I understand that under Maryland Law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

I have read this Affidavit and understand its contents.

Applicant's Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize _____ (hereafter "the Company" or "Employer"), its employees, agents, private investigators or any representative of the aforesaid company, to perform investigations into my background, past behavior, to my character, general reputation, and mode of living including but not limited to:

Investigative Consumer Reports: I authorize the Company to perform investigative consumer reports that may include credit reports, criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

Education and Employment: I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested. I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all drug and alcohol testing results.

Authorization and Understanding: I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent, or representative of the Company. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment. I understand that the information requested is for the use by the Company and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above. If you are a Minnesota, California or Oklahoma resident only and you want a copy of your report, check here _____. The reports will be mailed to you at the address below. I indemnify, release, and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigations, disclosures, or admissions. Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

TO BE COMPLETED BY APPLICANT													
The Following Information Is True And Correct To The Best Of My Knowledge And Is Used For Identification And Investigative Purposes Only. Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.													
Last Name													
First Name													
Middle Name													
Current Address												Apt.#	
City									State			Zip	
Social Security Number													
Date of Birth													
Driver's License No.									State				
Other Last Names Used													
Other States and Counties I Have Lived		STATE	COUNTY	ZIP CODE	FROM (YR)	TO (YR)		STATE	COUNTY	ZIP CODE	FROM (YR)	TO (YR)	
	1	.....	.....	.....	.....	.....	3	.....	.....	.....	.....	.....
	2	.....	.....	.....	.....	.....	4	.....	.....	.....	.....	.....
		
Applicant Signature:							Date:						

To Only Be Completed By:	Department/Store Number:
<input type="checkbox"/> Criminal Records County: _____ State: _____ County: _____ State: _____ County: _____ State: _____ County: _____ State: _____	<input type="checkbox"/> Motor Vehicle Record <input type="checkbox"/> Workers' Compensation History State: _____ State: _____ State: _____ State: _____
<input type="checkbox"/> Federal Criminal Records County: _____ State: _____ County: _____ State: _____ County: _____ State: _____	<input type="checkbox"/> Employment Verifications (Application Required) <input type="checkbox"/> Do not verify current employer
<input type="checkbox"/> CHIPS!	<input type="checkbox"/> Professional License Verification: _____
<input type="checkbox"/> Social Security Number Trace	<input type="checkbox"/> Educational Verifications (Application Required)
<input type="checkbox"/> Residential PLUS!	<input type="checkbox"/> National Wants and Warrants
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Sex Offenders Registry
	<input type="checkbox"/> Prison Inmate Search
	<input type="checkbox"/> Other/Special Instructions: _____
Client Signature:	Date:





EEO INFORMATION SURVEY

As a Federal Contractor, federal regulations require that BSC AMERICA collect data for purposes specifically related to our Equal Employment Opportunity reporting and planning. We are requesting your cooperation in completing this self-identification form.

THIS INFORMATION IS COLLECTED FROM APPLICANTS FOR FEDERAL REPORTING PURPOSES ON A VOLUNTARY BASIS AND IS KEPT IN A SEPARATE FILE IN THE DEPARTMENT OF HUMAN RESOURCES

Position applied for

How did you learn about this position? Friends Family Newspaper Other

Sex: Male Female

Racial/Ethnic Classification: (Please designate one group only)

() **White** (Not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

() **Black** (Not of Hispanic Origin): Persons having origins in any of the Black racial groups

() **Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

() **Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

() **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. One-quarter Indian is the usual requirement for inclusion on a tribal roll.

() **Other:** Please specify

() **Person With A Disability*** Yes No

A person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.

() Veteran With A Disability*

() Yes

() No

A veteran entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

() Vietnam Era Veteran:

() Yes

() No

A person who served on active duty for a period of more than 180 days, any part of which occurred during August 6, 1964 to May 7, 1975 and was discharged or released from that duty prior to December 31, 1991, with other than a dishonorable discharge.

Submission of the following information is voluntary, but it would help us in monitoring our compliance efforts. This information does not accompany your application. Failure to provide this information will not subject you to any adverse treatment.

Name (Please Print) _____

To be completed by Human Resources:

EEO Code: (Refer to description block). _____

EEO Class Codes

- | | |
|----------------------------------|-----------------------------|
| 1. Office or Manager | 6. Craft Worker (Skilled) |
| 2. Professional | 7. Operative (Semi-skilled) |
| 3. Technician | 8. Laborer (Unskilled) |
| 4. Sales Worker | 9. Service Worker |
| 5. Administrative Support Worker | |

EEO Descriptions

1. Officials and Managers – Occupations requiring planning, directing, and formulating policies; developing and implementing strategy and providing the overall direction of the employer.
2. Professionals – Occupations requiring either a bachelor and graduate degrees and/or professional certification.
3. Technicians – Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through post-secondary education of varying lengths, such as is offered at technical institutes, junior colleges, or through on-the-job training.
4. Sales – Occupations, non-managerial in nature, engaged wholly or primarily in direct sales.

5. Administrative Support Workers – Occupations involving clerical-type work and support assistance primarily in an office setting.
6. Craft Workers – Manual workers in occupations requiring a relatively high skill level (precision production and repair), including their formal apprentices.
7. Operatives – Workers in occupations requiring intermediate skill levels who operate machine or processing equipment, or who perform other factory-type duties of intermediate skill level which can be mastered in a few weeks.
8. Laborers and Helpers – Workers in occupations which require limited or no special training and who perform elementary duties that may be mastered in a few days and require little or no independent judgment.
9. Service Workers – Occupations in food service, personal service and protective service activities. Includes transit and railroad police and fire fighters; guards; private detectives and investigators.

RACE and VETERANS STATUS DESCRIPTIONS

<u>Race</u>	<u>Description</u>
White:	(Not of Hispanic Origin) All persons having origin in any part of the original peoples of Europe, North America and the Middle East.
Black:	(Not of Hispanic Origin) All persons having origins or culture in any of the black racial groups of Africa.
Hispanic:	All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race.
Asian or Pacific Islander:	All persons having origins in any part of the original peoples of the Far East, Southeast Asia or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands, Samoa and the Indian Subcontinent.
American Indian or Alaskan Native:	Persons having origins in any part of the original peoples of North America and maintaining culture identification through tribal or community recognition.

Veteran StatusDescription

Vietnam Veteran:

Anyone who has served on active duty for a period of time more than 180 days, any part of which occurred during August 1964 to May 7, 1975, and were discharged or released from that duty prior to December 31, 1991, with other than a dishonorable discharge.

Other Veteran - Includes:

Campaign of Expedition	Inclusive Dates
Armed Forces Expeditionary Medal (AFEM). A veteran's DD form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD form does not have to show the name of the theater or country for which the medal was awarded.	
Berlin	August 14, 1961 to June 1, 1963
Bosnia (Operation Joint Endeavor, Joint Guard and Joint Forge)	November 20, 1995 to December 29, 1996; December 20, 1996 to present; June 21, 1998 to present
Cambodia	March 29, 1973 to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11 – 13, 1975
Congo	July 14, 1960 to September 1, 1962, and November 23 – 27, 1964
Cuba	October 24, 1962 to June 1, 1963
Dominican Republic	April 28, 1965 to September 21, 1966
El Salvador	January 1, 1981 to February 1, 1992
Grenada (Operation Urgent Fury)	October 23, 1983 to November 21, 1983
Haiti (Operation Uphold Democracy)	September 16, 1994 to March 31, 1995
Iraq (Operation Northern Watch)	January 17, 1997 to Present
Korea	October 1, 1966 to June 29, 1974
Laos	April 19, 1961 to October 1962

Special Disabled:

Disabled Veterans are individuals who are:

1. Entitled to disability compensation by the Veterans Administration for a disability rated at 30% or more.
2. Released or discharged from active duty for a disability incurred or aggravated in the line of duty.