

Application for employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, genetic information or any other legally protected status. **(please print)**

Information

> Position applied for: _____ > Date of application: _____
 > Applicant name: _____ > Address: _____
 > Phone: _____ > Mobile: _____
 > E-mail: _____

How did you hear of us?

Advertisement on: _____ Bauer employee: _____ Walk-In
 Employment agency: _____ Relative/Friend Other: _____

Additional Information

- 1 If you are under 18 years of age, can you provide required proof of eligibility to work? yes no
- 2 Have you ever filed an application with us before? If yes, give date. _____ yes no
- 3 Have you ever been employed with us before? If yes, give dates. _____ yes no
- 4 Are you currently employed? yes no If yes, may we contact your current employer? yes no
- 5 Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? yes no
Proof of citizenship or immigration status will be required upon employment. We are an E-Verify Company.
- 6 When would you be able to start? _____ Availability: Full Time Part-Time Temporary
- 7 Are you currently on "lay-off" status and subject to recall? yes no
- 8 Can you travel if a job requires it? yes no
- 9 Have you been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? yes no
If yes please explain below or on a separate sheet of paper.

Education

Type	School name City / State	Study course(s)	Years completed	Diploma/ Degree
High school				
Undergraduate college				
Graduate or professional				
Other				

Additional Languages

Indicate any additional language skills	Fluent	Fair
Speak		
Read		
Write		

>>> continued overleaf

We are an equal opportunity employer.

Application For Employment

Specialized Skills

Categorize your Physical Capability / Experience / Knowledge / Familiarity.

- 1 Lifting: Basic Intermediate Advanced 8 Electrical: Basic Intermediate Advanced
- 2 Hand tools: Basic Intermediate Advanced 9 Electronic: Basic Intermediate Advanced
- 3 Power tools: Basic Intermediate Advanced
- 4 Blueprint/layout: Basic Intermediate Advanced 1 Excel: Basic Intermediate Advanced
- 5 PLC Programming: Basic Intermediate Advanced 2 Word: Basic Intermediate Advanced
- 6 MMI Programming: Basic Intermediate Advanced 3 Access: Basic Intermediate Advanced
- 7 AutoCAD: Basic Intermediate Advanced 4 Powerpoint: Basic Intermediate Advanced

Description

Describe any specialized training, apprenticeship, skills and extra-curricular activities. Also list any professional, trade, business or civic activities and/or offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, genetic information or other protected status.

Professional/Personal Reference 1

› Name: _____ › Address: _____

› Company: _____ › Title: _____

› Phone: _____ › How long have you known this reference? _____

› e-mail: _____

Professional/Personal Reference 2

› Name: _____ › Address: _____

› Company: _____ › Title: _____

› Phone: _____ › How long have you known this reference? _____

› e-mail: _____

Professional/Personal Reference 3

› Name: _____ › Address: _____

› Company: _____ › Title: _____

› Phone: _____ › How long have you known this reference? _____

› e-mail: _____

Application for employment

Start with your present or most current job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, genetic information, disabilities or other protected status. Be sure to complete in its entirety, (Please do not state "see resume"). If you need additional space, please continue on a separate sheet of paper.

› Employment Experience 1

› Employer: _____ › Address: _____
› Phone: _____ › Job title: _____
› Supervisor: _____ › Reason for leaving: _____
› Dates Employed From: _____ To: _____ › Hourly/Salary Starting: _____ Final: _____
› Work Performed: _____

› Employment Experience 2

› Employer: _____ › Address: _____
› Phone: _____ › Job title: _____
› Supervisor: _____ › Reason for leaving: _____
› Dates Employed From: _____ To: _____ › Hourly/Salary Starting: _____ Final: _____
› Work Performed: _____

› Employment Experience 3

› Employer: _____ › Address: _____
› Phone: _____ › Job title: _____
› Supervisor: _____ › Reason for leaving: _____
› Dates Employed From: _____ To: _____ › Hourly/Salary Starting: _____ Final: _____
› Work Performed: _____

› Employment Experience 4

› Employer: _____ › Address: _____
› Phone: _____ › Job title: _____
› Supervisor: _____ › Reason for leaving: _____
› Dates Employed From: _____ To: _____ › Hourly/Salary Starting: _____ Final: _____
› Work Performed: _____

Application For Employment

› Applicant’s Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Depending on the nature of the job in which I am applying for, I grant BAUER COMPRESSORS INC. to run a Motor Vehicle Report (MVR) on my driver’s license. I also understand that I may be subject to a criminal background check and/or credit check. The criminal background check and credit check would only be performed if I receive an employment offer from BAUER and would be conducted before my employment begins at BAUER.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

› Applicant’s signature: _____ › Date: _____

› Applicant Drug Test Acceptance

Because BAUER COMPRESSORS INC. is committed to a Drug Free Workplace, any applicant offered employment would be required to pass a drug screening prior to reporting to work. The cost of the drug screening will be paid by the company and performed at a medical facility specified by BAUER COMPRESSORS INC.

I have read and understand the statement above and agree to comply with the drug screening policy of BAUER COMPRESSORS INC.

› Applicant’s signature: _____ › Date: _____

› For Personnel Department Use Only

› Arrange Interview: _____ › Remarks: _____

› Interviewer: _____ Date: _____ › Employed: _____ Date: _____

› Job title: _____ › Hourly Rate/Salary: _____

› Department: _____ › Name and Title: _____ Date: _____

› Notes: _____

Application for employment

› NOTICE TO EMPLOYEES AND JOB APPLICANTS WHO ARE DISABLED, DISABLED VETERANS, OR VETERANS OF THE VIETNAM ERA

BAUER COMPRESSORS INC. is subject to Section 503 of the Rehabilitation Act of 1973, which requires certain employers to take affirmative action to employ and advance in employment and otherwise treat qualified disabled individuals without discrimination based upon their physical or mental disability, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, which requires us to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era. BAUER COMPRESSORS INC. will not coerce, intimidate, interfere, or discriminate against any employee for filing a complaint or assisting in an investigation under the Rehabilitation Act or the Vietnam Era Veteran Readjustment Assistance Act. The Corporation's Plan of affirmative action for the disabled, disabled veterans, and veterans of the Vietnam Era is available for inspection in the office of the Affirmative Action Officer during regular business hours.

A qualified disabled individual or qualified disabled veteran means a disabled individual or disabled veteran who is capable of performing the essential functions of a particular job with or without reasonable accommodations to his or her disability. In order to be considered "disabled", an individual must either have a physical or mental impairment that substantially limits one or more of his or her major life activities, have a record of such impairment, or is regarded as having such impairment. In order to be considered a "disabled veteran", an individual must be a veteran entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. A "Veteran of the Vietnam Era" means a person who (I) served on active duty for a period of more than 180 days, any part which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (II) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

If you believe that you are entitled to be covered under BAUER COMPRESSOR INC.'s Affirmative Action Plan, you should inform Kara Werneke, the Affirmative Action Officer. If you claim to be disabled or a disabled veteran, the Corporation will require you provide medical documentation of the impairment. The submission of information regarding your disability is voluntary, and the refusal to provide it will not subject you to discharge or other disciplinary treatment. Information obtained concerning your disability will be kept confidential except that supervisors and managers may be informed regarding restrictions on the work or duties of disabled or disabled individuals and regarding necessary accommodations. First aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and government officials investigating compliance with the Rehabilitation Act of 1973 or the Vietnam Era Veterans Readjustment Assistance Act of 1974 will be informed.

We would be honored to add your name to our list of distinguished veterans.

Application For Employment

› EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

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

The employer is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their 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 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.

› Information

› Name (Last, First, MI): _____ › Address: _____

› City, State, Zip Code: _____ › Position Applied For: _____ Date: _____

› Gender Identification (check one): Female Male

› Race/Ethnic Identification (check one):

- 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 races.
- Decline self-identification

› Applicant's signature: _____ › Date: _____

We are an equal opportunity employer.

BAUER COMPRESSORS INC.

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FAX +1 (757) 855-6224

employment@bauercomp.com

www.bauercomp.com



BAUER COMPRESSORS INC.
Norfolk, Virginia is
registered to ISO 9001

APPLICATION FOR EMPLOYMENT

10.07.BCI

subject to alteration without notice or obligation

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number (____) _____ - _____

If you are under age 40, enter your date of birth (month, day, year) ____ / ____ / ____

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____

For Employer's Use Only

Employer's name Telephone no. () - EIN ▶

Street address

City or town, state, and ZIP code

Person to contact, if different from above Telephone no. () -

Street address

City or town, state, and ZIP code

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping3 hrs., 16 min.
Learning about the law or the form 46 min.
Preparing and sending this form to the SWA 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.