

NOTICE TO APPLICANTS

ALL ATTACHED FORMS MUST BE COMPLETED AND SIGNED TO BE CONSIDERED FOR EMPLOYMENT

PERIOD OF CONSIDERATION

Once submitted, your application will be eligible for consideration for a period of 60 days. You may renew your application in our system at that time within one year of your original application by calling, emailing or visiting our office.

New forms are not required to renew an existing application.

After one year, you must submit a new application for further consideration.

DRUG TESTING

Hudgins Contracting Corp. is a DRUG-FREE Workplace. Pre-employment drug testing is required prior to an offer of employment.

BACKGROUND INVESTIGATIONS

A Background Investigation (including criminal history) will be run prior to an offer of employment to assist us in determining your eligibility to work at various government bases and Newport News Shipbuilding. Your date of birth is required in order to obtain accurate retrieval of records and will not be used when considering an applicant for hire. As part of the background check process, credit information may be revealed. **Hudgins Contracting Corp. does not specifically request credit history or information on applicants, and any information inadvertently gained regarding your credit history will not affect a decision to make an offer of employment to you.**

If negative information in your criminal history prevents you from working on bases or NN Shipbuilding, you may not be offered employment at this time, depending on the position.

The attached disclosure and authorization forms must be completed and signed prior to a background investigation. Without signed disclosure and authorization forms you will not be considered for employment.



105 E Street Suite 400 Hampton, VA 23661

NOTICE TO APPLICANTS INVITATION TO APPLY

TO INDIVIDUALS WITH DISABILITIES AND PROTECTED VETERANS

Updated May 2017

Our company is subject to Executive Order 11246, the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, which require that we take affirmative action to employ and to advance in employment individuals with disabilities, special disabled veterans, veterans of the Vietnam Era, recently separated veterans, active duty wartime or campaign badge veterans, and Armed Forces Service Medal veterans.

If you are a veteran in one of the protected veteran categories listed above, please tell us now and/or at any time in the future. If you are a special disabled veteran, disabled veteran, or an individual with a disability covered by this Affirmative Action Program, please tell us after a job offer has been made to you. This information will assist us in placing you in an appropriate position and in making reasonable accommodations for your disability. Submission of this information is voluntary and refusal to provide it will not subject you to any unfavorable consideration or adverse treatment. The information you submit will be kept confidential, except that (1) supervisors and/or managers may be informed regarding necessary accommodations; (2) first aid and safety personnel may be informed when and to the extent appropriate if the conditions might require emergency treatment and (3) Government officials engaged in enforcing laws administered by the OFCCP or the EEOC may be informed.

If you are a protected veteran or an individual with a disability, we would like to include you under our Affirmative Action Program. If you have a disability, it would also assist us if you would tell us about (a) any special methods, skills, and procedures you use for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind and (b) the reasonable accommodations we might be able to make which would enable you to perform the essential functions of your job properly and safely, including special equipment, changes in the physical layout of the job, or other reasonable accommodations.

For further information concerning this program, please see one of our hiring officials or our EEO/AAP Coordinator. Additionally, our Affirmative Action Program is available for review during normal business hours from our EEO/AAP Coordinator by calling 757.873.0199.

Individuals with Disabilities:

Do you wish to self-identify as an individual with a disability?

☐ Yes

☐ No

If you are hired and have marked "yes", you will be given the opportunity to fully disclose more information during your employee orientation. Please remember, you may self-identify now, or at any time in the future, without any negative effect on your employment.

Protected Veterans:

Do you wish to self-identify as a protected veteran?

☐ Yes

☐ No

If you are hired and have marked "yes", you will be given the opportunity to fully disclose more information during your employee orientation. Please remember, you may self-identify now, or at any time in the future, without any negative effect on your employment.

EQUAL EMPLOYMENT and AFFIRMATIVE ACTION

It is the policy of **Hudgins Contracting Corp.** to afford equal opportunity for employment and advancement opportunities to all individuals based upon merit, qualifications and the needs of the company. Hudgins does not unlawfully discriminate in employment opportunities or practices based on race, color, religion, sex, national origin, genetic information, sexual orientation, gender identity, age, disability, veteran status, or any other characteristic protected by law (protected status). To ensure that this expectation is carried out, we will:

1. Recruit, hire, train, and promote persons in all job classifications, without regard to any protected status.
2. Base all employment decisions to further the principles of equal employment opportunity. Additional, we will not discriminate or retaliate in any manner against any person for reporting alleged discriminatory actions, participating in an inquiry, or filing a charge under any applicable Federal, State or Local laws governing nondiscrimination in employment.
3. Ensure that promotion decisions are made in accordance with equal employment opportunity principles by imposing only valid requirements for promotional opportunities.
4. Ensure that all personnel actions, including but not limited to; compensation, benefits, transfers, layoffs, recall, training, and other terms and conditions of employment will be administered without regard to any protected status.
5. Hudgins will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information unless the disclosure is (a) in response to a formal complaint or discharge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.
6. We will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship to the extent required by law. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination and access to benefits and training.

The successful implementation of a nondiscriminatory employment policy and our Affirmative Action Program requires maximum cooperation between management and employees. Thus, in fulfilling its part in this cooperative effort, management is obligated to lead the way by establishing and implementing affirmative procedures and practices, which will ensure equal employment opportunity for all employees.

Any employee who believes that he or she has been discriminated against should normally report the incident immediately to his/her supervisor or if the supervisor is causing the problem or the supervisor's response is not satisfactory, then the employee should report to **Pam Kelly**, our EEO/AAP Coordinator.



105 E Street Suite 400 Hampton, VA 23661

<input type="checkbox"/> Foreman	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Project Manager
DO NOT MARK IN THIS SPACE – FOR HCC USE ONLY		

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Employees of Hudgins Contracting Corp. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, sex, national origin, genetic information, sexual preference, transgender status, age, disability, veteran status, or any other characteristic protected by law (protected status).

PERSONAL INFORMATION

Name		SSN	
Address	City	State	Zip Code
Home Phone		Mobile Phone	
Emergency Contact		Phone #	

Are you 18 years of age or older? ☐ Yes ☐ No

NOTICE TO ALL APPLICANTS: All applicants will be required to submit to a pre-employment drug screening.

Failure to authorize such testing, altering a test sample, and/or failure to submit to a drug test when requested will result in an applicant not being hired. Applicants may be permitted to commence work prior to the results of their drug test being reported to the Company. During this period an applicant's employment with the Company will be considered conditioned upon successfully passing the drug test. Those who fail the drug test will be subject to immediate termination.

EMPLOYMENT DESIRED

Position _____ Date you can start work _____ Desired Salary _____

Have you ever worked with Hudgins Contracting Corp. before? ☐ Yes ☐ No If yes, when? _____
Who was your supervisor? _____ Reason for leaving? _____

Are you employed now? ☐ Yes ☐ No May we contact your employer? ☐ Yes ☐ No

Who referred you to Hudgins Contracting Corp.? _____

EXPERIENCE

List your last three Employers, starting with the most recent one.

DATES	EMPLOYER NAME / PHONE #	FINAL WAGE	POSITION	REASON LEFT

REFERENCES

List the names of three persons, not related to you, whom you have known at least one year:

NAME	PHONE #	RELATIONSHIP TO YOU

MUST COMPLETE FRONT AND BACK OF APPLICATION

TRANSPORTATION

Do you have reliable transportation? ☐ Yes ☐ No Do you have a valid Driver's License? ☐ Yes ☐ No

Note: Jobsites are located throughout Tidewater (including Hampton, Newport News, Williamsburg, Suffolk, Smithfield, Gloucester, Virginia Beach, Norfolk, Chesapeake and Portsmouth), and on various military bases. Vehicles entering a base must have current tags, inspection and proper registration. You will NOT be permitted to drive onto any military base without a current driver's license.

EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 - OR - High School GED

List any courses completed other than high school or beyond (such as special trade schools or college degrees):

School Name / Location	Course(s) Taken	# of Yrs Completed	Degree Received

MISCELLANEOUS

YOU MUST ANSWER ALL QUESTIONS OR YOU WILL NOT BE CONSIDERED FOR HIRE

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? ☐ Yes ☐ No **NOTE: You must show the following forms of ID prior to starting work**

1. ORIGINAL BIRTH CERTIFICATE (this is a requirement due to work on certain client jobsites)
2. CURRENT STATE-ISSUED PHOTO IDENTIFICATION CARD – or – DRIVERS LICENSE
3. RESIDENT ALIEN CARD – or – WORK VISA IF NOT A US CITIZEN

Have you been ever been convicted of a felony? ☐ Yes ☐ No (include any pending cases)

Have you been convicted of any misdemeanor within the past five (5) years – not including minor traffic offenses? ☐ Yes ☐ No (include any pending cases)

List all felony (F) and misdemeanor (M) convictions below (do not list minor traffic offenses / moving violations):

Offense Date	Type (F/M)	Description of Offense	Outcome (Probation, Incarceration etc)

NOTICE TO ALL APPLICANTS: FAILURE to accurately disclose criminal history will end consideration for hire or, if hired, be a cause for termination for misconduct. Background investigations including a criminal history will be obtained prior to offer of employment with Hudgins.

CERTIFICATION

I authorize investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts called for is cause for ending consideration for hire or, if hired, be a cause for termination for misconduct. I hereby authorize and request any previous employer, healthcare facility, law enforcement agency, school, military records custodian, credit reporting service and State/Federal Agency to supply information regarding me to Hudgins Contracting Corp. and further, I release any and all liability to any provider of such information.

I understand that I will be required to pass a drug test before a final offer of employment is made. By signing my name below, I consent to this procedure.

I understand that any employment relationship with Hudgins Contracting Corp. is "at-will" which means that the employee may resign at any time and Hudgins Contracting Corp. may discharge the employee at any time, with or without cause, and without liability for doing so. I also understand that this at-will employment relationship may not be changed by any written documentation or by any behavior unless the change is specifically acknowledged in writing by Marsha Hudgins.

SIGNATURE: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____ Hired: _____ Yes _____ No

POSITION: _____ RATE OF PAY: _____ START DATE: _____

Fair Credit Reporting Act: Disclosure

Pursuant to the federal law known as the Fair Credit Reporting Act, we (Hudgins Contracting Corp) may obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is backgroundchecks.com ("BGC"). BGC's address is P.O. Box 353, Chapin, SC 29036. BGC's telephone number is (866) 265-6602. BGC's website is www.backgroundchecks.com, where you can find information about BGC's privacy practices.

To prepare the reports, BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that BGC provides about you (in person, by mail, or by phone) by providing identification to BGC. If you do, BGC will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If BGC obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed Name

Fair Credit Reporting Act: Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide us (Hudgins Contracting Corp) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

First Middle (☐ none) Last

Other names used:

Current and former addresses:

_____	current	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

Date of Birth

Social Security Number

Driver's License Number & State

Name (as it appears on license)

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: ☐.

Signature

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450

<p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

ADDITIONAL INFORMATION ABOUT THE FAIR CREDIT REPORTING ACT

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important for you:

- Records of convictions of crimes can be reported regardless of when they occurred.
- If you apply for a job that is covered by the Department of Transportation's authority to establish qualifications and the maximum hours for that job and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.

ARTICLE 23-A
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

Section 751. Applicability.

Section 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

Section 753. Factors to be considered concerning a previous criminal conviction; presumption.

Section 754. Written statement upon denial of license or employment.

Section 755. Enforcement.

§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
 - (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
 - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
 - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
 - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
 - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
 - (f) The seriousness of the offense or offenses.
 - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
 - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



105 E Street Suite 400 Hampton, VA 23661

SELF IDENTIFICATION FORM AFFIRMATIVE ACTION for Applicants

THIS FORM IS VOLUNTARY. You are NOT required to disclose this information.

Our company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights, laws and regulations. To comply with these laws, we invite our applicants (and employees) to 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. This information 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 to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Thank you for your cooperation in helping us meet our EEO/AA requirements.

Applicant's Name: _____

Date: _____

Sex: ☐ Male ☐ Female ☐ I do not wish to answer

Referral Source:

- | | | |
|---|--|---|
| <input type="checkbox"/> Print Ad | <input type="checkbox"/> Current Employee Referral | <input type="checkbox"/> Jobsite / Truck Ad |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Job Fair / Trade Event | <input type="checkbox"/> School |
| <input type="checkbox"/> Virginia Employment Comm | <input type="checkbox"/> Hudgins' Website | <input type="checkbox"/> Other _____ |

EEO Identification Groups:

Please check ONE of the following EEO identification groups with which you most closely identify. Race and ethnic designations used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories are as follows:

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

☐ **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

☐ **I do not wish to answer**

Hudgins Contracting Corp.

105 E Street Suite 400 Hampton, VA 23661

Phone (757) 873-0199

Fax (757) 873-3010

SELF IDENTIFICATION FORM PROTECTED VETERAN STATUS VETS 4212 Employment Survey

Employee Name: _____

Position: _____

Date: _____

Our company is a federal contractor subject to various federal laws, regulations, and Executive Orders that require us to take affirmative action to employ and to advance in employment qualified individuals without discrimination based on a covered veteran status. To fulfill statistical reporting and affirmative action monitoring requirements, we invite you to voluntarily identify your veteran status by answering the questions below. Submission of this information is voluntary and no adverse consequences will result from either the disclosure or refusal to provide this information. The information that you submit will also be kept confidential as required under applicable federal and/or state laws. Should you decide not to self-identify now, you may do so at any time in the future.

Please check ALL the boxes below that apply to you:

☐ **I do not want to identify my veteran status**

☐ **I am not a veteran**

☐ **I am a veteran but not covered by these definitions:**

- 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 laws administered by the Secretary of the Veterans Affairs, OR
- A person who was discharged or released from active duty because of a service-connected disability

☐ **Disabled veteran**

☐ **Recently-separated veteran** Discharge Date: M____ / D____ / Y____

- 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

☐ **Armed Forces Service Medal Veteran**

- Any veteran who, while serving on active duty in the US military, ground, naval or air service participated in a US military operation for which an Armed Forces Service Medal was awarded pursuant to EO12985. For the current list of military operations for which an Armed Forces Service Medal was awarded, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> Appendix A

☐ **Active Duty Wartime or Campaign Badge Veteran**

- 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 under the laws administered by the Department of Defense. For the current list of campaigns and expeditions for which a campaign badge was authorized, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> Appendix A



105 E Street Suite 400 Hampton, VA 23661

SELF IDENTIFICATION FORM DISCLOSURE OF DISABILITY for Applicants and Employees

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 employment opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you have ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out.

- If you are a person applying for a job, any answer you give will be kept private and will not be used against you in any way. Please be advised that this form will not become part of your official application for employment.
- 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 our employees to update this information at least every five years. As an employer who strives to reasonably accommodate individuals with disabilities, we elect to have this form completed annually by our active employees. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify 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	Obsessive Compulsive Disorder
Deafness	Cerebral Palsy	Major Depression	Required Use of Wheelchair
Cancer	HIV/AIDS	Multiple Sclerosis	Intellectual Disability
Diabetes	Schizophrenia	Missing / Partially Missing Limbs	
Epilepsy	Muscular Dystrophy	Post Traumatic Stress Disorder	

Please check one box below:

- ☐ Yes, I have a disability (or previously had a disability)
☐ No, I do not have a disability
☐ I do not wish to answer

Employee PRINTED Name: _____

Date: _____

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.

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 US Department of Labor's Office of Federal Contractor 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 5 minutes to complete.