

Bradleigh Applications, Inc.

2144 Priest Bridge Court
Suite 6
Crofton, MD 21114

Application For Employment Solicitud de Empleo

NOTICE TO APPLICANTS

Bradleigh Applications, Inc., is a equal opportunity employer. Our employment practices are in full accord with State and Federal laws which prohibit discrimination because of race, color, religion, age, sex, national origin, membership and activities on behalf of a labor organization, disabilities, or ethnicity.

Do NOT provide or write any additional information on this application other than the information requested. Failure to adhere to this requirement will result in the disqualification of this application from consideration for any employment opportunities.

You are not required to give information on this form where such information is expressly prohibited by Federal, State or local laws and the applicant may exclude those responses that may indicate race, creed, sex, marital status, age, color, national origin, disabilities, military status, ethnicity or union affiliation.

This application may not be reproduced and must be completed at our office or designated project site.

Important! This employment application will only be valid for 30 days from application date. Incomplete applications will not be considered for employment with this company. If a question does not apply to you, print NA which means "not applicable". False or misleading statements on this employment application will result in its removal from consideration for any current or future employment opportunities with this company.

AVISO A LOS SOLICITANTES

Usted no está obligado a dar información en este formulario cuando dicha información esté expresamente prohibida por federales, estatales o de las leyes locales y el solicitante podrá excluir aquellas respuestas que pueden indicar la raza, credo, sexo, estado civil, edad, color, origen nacional, discapacidad, estado, origen étnico o afiliación sindical militar.

NO ofrecer o escribir cualquier información adicional sobre esta aplicación distinta de la información solicitada. El incumplimiento de este requisito dará lugar a la descalificación de esta aplicación de la consideración de las oportunidades de empleo.

Nuestras prácticas de empleo están en completo acuerdo con las leyes estatales y federales que prohíben la discriminación por motivos de raza, color, religión, edad, sexo, nacionalidad, membresía y actividades en favor de una organización laboral, discapacidad, u origen étnico.

Esta aplicación no puede ser reproducido y se debe completar en nuestra oficina o en el sitio del proyecto designado.

Importante! Esta solicitud de empleo sólo será válida por 30 días a partir de la fecha de solicitud. Las solicitudes incompletas no serán considerados para el empleo con esta empresa. Si una pregunta no se aplica a usted, imprimir NA significa "no aplicable". Las declaraciones falsas o engañosas sobre esta solicitud de empleo dará lugar a su remoción de la consideración de las oportunidades de empleo actuales o futuras con esta empresa.

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Application For Employment Solicitud de Empleo

(PLEASE PRINT / SIRVASE ESCRIBIR EN LETRA DE MOLDE)

Position(s) Applied For / Posición que solicita:	Date of Application / Fecha de solicitud:
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How did you learn about us? / ¿Cómo supo de nosotros?

<input type="checkbox"/> Employee / Empleado	<input type="checkbox"/> Newspaper / Periódico	<input type="checkbox"/> Website Job Board / Cartelera de anuncios
<input type="checkbox"/> Employment Agency / Agencia de colocación	<input type="checkbox"/> Radio Ad / Anuncio de radio	<input type="checkbox"/> Other / Otro _____
<input type="checkbox"/> Flyer / Aviator	<input type="checkbox"/> Relative / Familiar	
<input type="checkbox"/> Friend / Amigo	<input type="checkbox"/> Walk In / Visita	

Last Name / Apellido(s)	First Name / Nombre(s)	Middle Name / Segundo nombre
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Address / Dirección	Number / Número	Street / Calle	City / Ciudad	State / Estad	Zip / Código postal
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Telephone Number(s)/Números de teléfono	E-mail Address	Social Security Number/Número de la Seguridad Social
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If you are under 18 years of age, can you provide required proof of your eligibility to work?
¿Si es menor de 18 años de edad, puede proporcionar pruebas de su elegibilidad para trabajar? Yes / Sí No

Have you ever filed an application with us before? If yes, give date _____
¿Alguna vez ha solicitado trabajo con nosotros? Si respondió Sí, dé la fecha Yes / Sí No

Have you ever been employed with us before? If yes, give date _____
¿Ha estado empleado con nosotros antes? Si respondió Sí, dé la fecha Yes / Sí No

Are you currently employed?
¿Está empleado actualmente? Yes / Sí No

May we contact your present employer?
¿Podemos ponernos en contacto con a su actual patrón? Yes / Sí No

Are you authorized to work in the United States? ¿Estás autorizado para trabajar en los Estados Unidos? Yes / Sí No

Se le solicitarán pruebas de ciudadanía o su estado inmigratorio.

On what date would you be available? ¿A partir de qué fecha estaría disponible? _____

Are you available to work Full Time Part Time Shift Work Temporary
Está disponible para trabajar: A tiempo completo Medio tiempo Trabajo en turnos Temporal

Are you currently on "lay-off" status and subject to recall?
¿Está actualmente en estado "cesante" y sujeto ha llamado de regreso? Yes / Sí No

Can you travel if a job requires it? ¿Puede viajar si un trabajo lo requiere? Yes / Sí No

Describe any specialized training, apprenticeship, or skills.
Describe cualquier entrenamiento, aprendizaje, o habilidad especializado.

Describe any job-related training received in the United States Military
Describe cualquier formación relativa al trabajo que recibió durante su servicio en las Fuerzas Armadas de Estados Unidos

Employment Experience / Experiencia Del Empleo

1	Employer & Address / Empleador y Dirección	Telephone / Teléfono	Dates Employed / Fechas de Empleo		Wage / Salary / Salario/Sueldo	
		() _____ - _____	From / Desde	To / Hasta	Starting / Inicial	Final
		Work Performed / Trabajo Realizado				
	Job Title / Título del Empleo					
	Reason for Leaving / Razón de irse					
	Name of immediate supervisor/Nombre del supervisor inmediato					
	Supervisor phone number/Número de teléfono del supervisor () _____ - _____					
	What is your best guess as to how this supervisor would rate your overall performance? / Cuál es su mejor estimación de cómo este supervisor clasifica us función? <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Excelente <input type="checkbox"/> Muy bueno <input type="checkbox"/> Bueno <input type="checkbox"/> Regular <input type="checkbox"/> Malo					
	What did you like most about your job? / Qué le gustó más de su trabajo?					
	What do you like least about your job? / Qué le gustó menos de su trabajo?					

2	Employer & Address / Empleador y Dirección	Telephone / Teléfono	Dates Employed / Fechas de Empleo		Wage / Salary / Salario/Sueldo	
		() _____ - _____	From / Desde	To / Hasta	Starting / Inicial	Final
		Work Performed / Trabajo Realizado				
	Job Title / Título del Empleo					
	Reason for Leaving / Razón de irse					
Name of immediate supervisor/Nombre del supervisor inmediato						
Supervisor phone number/Número de teléfono del supervisor						
() _____ - _____						
What is your best guess as to how this supervisor would rate your overall performance?						
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Excelente <input type="checkbox"/> Muy bueno <input type="checkbox"/> Bueno <input type="checkbox"/> Regular <input type="checkbox"/> Malo						
What did you like most about your job? / Qué le gustó más de su trabajo?						
What do you like least about your job? / Qué le gustó menos de su trabajo?						

Other Associations or Activities / Otras Asociaciones o Actividades

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Enumere las actividades profesionales, comerciales, negocios y cívicas y cargos sostenidos. Puede excluir las membresías que revelarían su sexo, raza, religión, origen nacional, edad, ascendencia, inhabilidad u cualquier otro estado protegido.

Additional Information / Información Adicional

Other Qualifications / Otras Calificaciones

Summarize special job-related skills and qualifications acquired from employment or other experience.

Resuma las habilidades especiales y las calificaciones relativas al trabajo adquiridas del empleo o de otras experiencia

Specialized Skills / Habilidades Especializadas

Check Skills - Equipment Operated / Marque las Habilidades y equipo que opera

Production / Mobile Machinery (list): Producción/maquinaria móvil (lista):	Other Otro

State any additional information you feel may be helpful to us in considering your application.
Indique cualquier información adicional que usted sienta puede sernos útil en la consideración de su solicitud.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.
Nota para los solicitantes : NO CONTESTE ESTA PREGUNTA A MENOS QUE HAYA SIDO INFORMADO SOBRE LOS REQUISITOS DEL EMPLEO QUE SOLICITA .

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? *A description of the activities involved in such a job or occupation is attached.*

Yes / Sí No

¿Es capaz de llevar a cabo de manera razonable, con o sin un alojamiento razonable, las actividades implicadas en el trabajo o la ocupación que usted ha solicitado? *Se adjunta una descripción de las actividades implicadas en tal trabajo u ocupación.*

References / Referencias

	Name/ Nombre	Address / Dirección	Telephone Number / Número de teléfono
1			Home / Casa Cell / Célula
2			Home / Casa Cell / Célula
3			Home / Casa Cell \ Célula

**FOR PERSONNEL DEPARTMENT USE ONLY
PARA USO DEL DEPARTAMENTO DE PERSONAL SOLAMENTE**

Position(s) Considered For:
Posición(es) considerado
para:

Date / Fecha _____

Applicant's Statement / Declaración del Empleado

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

I authorize the company to conduct background, drug, or medical testing as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results, and hereby release any said persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

This application for employment shall be considered active for a period of time not to exceed 30 days. 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 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

Any disputes which arise between employer and employee must be resolved by arbitration in accordance with the rules of the American Arbitration Association.

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

Certifico que las respuestas dadas en el presente son verdades y completas al mejor de mi conocimiento.

Autorizo la investigación de todas las declaraciones contenidas en esta solicitud de empleo según sea necesario para llegar a una decisión de empleo.

Esta solicitud de empleo se considerará activa por un período que no exceda los 45 días. Cualquier aspirante que desea ser considerado para el empleo más allá de este período debe preguntar si las solicitudes se están aceptando o no en ese momento.

Por el presente entiendo y reconozco que, a menos que esté definido en la ley aplicable, cualquier relación de empleo con esta organización es "a voluntad", que significa que el empleado puede dimitir en cualquier momento y que el patrón puede despedir al empleado en cualquier momento con o sin causa. Se entiende más a fondo que esta relación de empleo "a voluntad" no se puede cambiar a través de cualquier documento escrito o por la conducta a menos que tal cambio sea reconocido específicamente por escrito por un ejecutivo autorizado de esta organización.

Cualquier conflicto que se presente entre el patrón y el empleado se debe resolver por arbitraje de acuerdo con las reglas de la Asociación americana del arbitraje.

En caso de que se le emplee, entiendo que la información falsa o engañosa dada en mi solicitud o entrevista(s) puede dar lugar a despido. Entiendo, también, que debo cumplir con todas las reglas y regulaciones de mi empleador.

Signature of Applicant / Firma del Solicitante

Date / Fecha

FOR PERSONNEL DEPARTMENT USE ONLY PARA EL USO DEL DEPARTAMENTO DE PERSONAL SOLAMENTE

Arrange Interview / Fijar fecha de entrevista Yes / Sí No

Remarks / Comentarios _____

Employed / Empleado Yes / Sí No Date of Employment / Fecha de empleo _____

Job Title / Título del empleo _____ Hourly Rate/Salary /
Pago por Hora / Sueldo _____

Department / Departamento _____

By / Por _____
Name and Title / Nombre Y Título Date / Fecha

NOTES / NOTAS



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

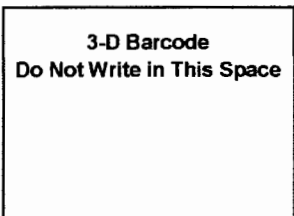
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.