



**Thank you for your inquiry regarding employment with EBA ENGINEERING, INC.**

Please complete the attached application and submit with resume (if available) using one of the following options to:

**MAIL:**

EBA ENGINEERING, INC.  
4813 Seton Drive  
Baltimore, MD 21215  
Attn: Human Resources

**FAX:** 410-358-7172: Attn: Human Resources

**EMAIL:** [eba@ebaengineering.com](mailto:eba@ebaengineering.com); Subject: Resume Submittal

Human Resources will review your background and qualifications in light of our current vacancies and pass your information onto the correct department head. If it is determined that you possess the knowledge, skills and abilities required for this position, we will contact you for further discussion and/or face-to-face interview. If you do not hear from us, you may assume that we are pursuing other applicants whose knowledge, skills, and abilities are better suited for this position.

EBA Engineering, Inc. is an Affirmative Action Employer with a requirement to identify gender, race, and ethnicity information on each of its applicants. To assist us in satisfying affirmative action plan requirements, please complete the attached Affirmative Action Voluntary Information form. Providing this information is strictly voluntary. Failure to provide information will not subject you to any adverse personnel decision or action. Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Your cooperation is appreciated.

*We appreciate your interest in EBA Engineering, Inc.*



**EBA ENGINEERING, INC.**  
 Engineers ♦ Geologists ♦ Construction Managers ♦ Planners  
 4813 Seton Drive ♦ Baltimore, MD 21215 410-358-7171  
 AN EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT APPLICATION**

Position Applied For:		Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date:
Name of Applicant (Please indicate how you wish to be addressed):				
Last Name:		First Name:		Middle Initial:
Address (No. Street, City, State, Zip Code):				
Social Security Number:		Telephone Number (Home):		Telephone Number (Cell):
E-Mail Address:				
Some positions in the company require that staff be bonded.				
Are you bondable?		Have you ever been bonded?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally entitled to work in the United States?		Are you willing to relocate?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license?		State	Class	Have you received any traffic violations within the last three years?
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EDUCATION</b>				
Secondary School attended and location:		Highest grade successfully completed:		Year Graduated:
University attended and location:		Number of years completed:		Year Graduated:
				Degree(s):
Major subjects of specialization:				
Community College attended and location:		Number of years completed:		Year Graduated:
				Degree(s):
Other Education/Training Courses:				
Professional Society and/or Professional Registration				
Check all that apply:				
<input type="checkbox"/> Association of Engineering Geologists		<input type="checkbox"/> National Institute of Certified Engineering Technicians __ Level		
<input type="checkbox"/> Registered Professional Geologist		<input type="checkbox"/> Maryland Department of Environment Certification		
<input type="checkbox"/> Registered Land Surveyor		<input type="checkbox"/> National Society of Professional Engineers		
<input type="checkbox"/> American Society of Civil Engineers		<input type="checkbox"/> Registered Professional Engineer - List State(s) Below		
<input type="checkbox"/> Other (List Below)		_____		
		_____		
		_____		

**EMPLOYMENT HISTORY (List present or most recent position first)**

1. Name of Employer:

Address (No., Street, City, State):

Your Position:

Duties:

Name and Position of Immediate Supervisor:

Phone No.

Dates of Employment (Start/Leave):

Starting Salary:

Final Salary:

Reason for Leaving:

2. Name of Employer:

Address (No., Street, City, State):

Your Position:

Duties:

Name and Position of Immediate Supervisor:

Phone No.

Dates of Employment (Start/Leave):

Starting Salary:

Final Salary:

Reason for Leaving:

3. Name of Employer:

Address (No., Street, City, State):

Your Position:

Duties:

Name of Immediate Supervisor:

Phone No.

Dates of Employment (Start/Leave):

Starting Salary:

Final Salary:

Reason for Leaving:

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE?

 YES NO**REFERENCES (Please do not list relatives or former employers)**

Name:

Occupation:

Address, Phone No., Email:

Name:

Occupation:

Address, Phone No., Email:

Name:

Occupation:

Address, Phone No., Email:

Whom do you know in this company:

Scholarships:

Activities/Interests (Student, Professional, Community, etc.):

Publications, Patents, and Thesis Subjects:

Languages (spoken, written, read), note fluency:

Other interests or hobbies:

Special Talents:

Medical: Do you agree to take a medical exam including drug screening at company expense related to the essential requirements of the position?  Yes  No

We appreciate your interest in seeking employment with us - please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications:

**ADDITIONAL REMARKS**

**MILITARY SERVICE RECORD**

Were you in the Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Date of duty: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Rank at time of Discharge: \_\_\_\_\_ List duties including special training: \_\_\_\_\_

**PLEASE READ CAREFULLY**

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct. I hereby give my permission to contact the employers listed above concerning any information you deem relevant. I hereby authorize the company to investigate my references and to make an independent investigation of my character, conduct, and employment records, and to keep records of such investigations. I agree that failure to reveal any prior employers, or giving any false or misleading information by me will be grounds for termination of employment. If employment is obtained under this application, I will comply with all rules and regulations of this company. If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

Signature of Applicant:

Date:

Under Maryland Law an employer may not require any applicant for employment or prospective employment, or any employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment.

# Affirmative Action Voluntary Information

Completion of this form is voluntary.

**We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.**

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

**INSTRUCTIONS:** Please print all answers.

Position applying for \_\_\_\_\_

Date \_\_\_\_\_

## REFERRAL SOURCE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walk-in                 | <input type="checkbox"/> Company Website | <input type="checkbox"/> Employment agency |
| <input type="checkbox"/> Advertisement           | <input type="checkbox"/> Relative        | <input type="checkbox"/> School            |
| <input type="checkbox"/> Employee Referral _____ |  | <input type="checkbox"/> Other _____       |

## APPLICANT INFORMATION

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street

City

State

ZIP

Home phone \_\_\_\_\_

Business phone/Cell Phone \_\_\_\_\_

- Male                       Female

**Refer to the back for definitions of these race/ethnicity categories.**

**Race/Ethnicity:** (identify one or more race categories)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hispanic or Latino   | <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Black or African American (not Hispanic or Latino)        |
| <input type="checkbox"/> Native Hawaii or Other Pacific Islander (not Hispanic or Latino) | <input type="checkbox"/> Asian (not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) |
| <input type="checkbox"/> Two or more races (not Hispanic or Latino)                       |   |  |

# DEFINITIONS

## **RACE/ETHNICITY CATEGORIES:**

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

White (not Hispanic or Latino) - Persons having origins in any of the original peoples of Europe, North Africa, or 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 have 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 Alaskan Native (not Hispanic or Latino) – a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains 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.

**INVITATION FOR INCLUSION UNDER AFFIRMATIVE ACTION  
PROGRAMS FOR VETERANS AND INDIVIDUALS WITH DISABILITIES**

EBA Engineering, Inc. is a government contractor subject to Section 503 of the Rehabilitation Act of 1973 and Section 2012 of the Vietnam Era Readjustment Assistance Act of 1974. The Company has developed affirmative actions programs to employ and advance in employment qualified individuals with disabilities, veterans of the Vietnam era, special disabled veterans, and other eligible veterans.

If you are an individual with disabilities, veteran of the Vietnam era, special disabled veteran or other eligible veteran and would like to be considered under our affirmative action programs, please complete the sections below. The definitions of these terms are provided on the reverse side of this form.

This information is provided voluntarily and failure to complete this form will not subject you to adverse actions by the company. The information obtained will be kept in strict confidence, except that (a) necessary management and supervisory personnel may be informed in order to ensure proper placement and to accommodate a disability or disability that you have identified, (b) first aid and safety personnel may be informed when and to the extent appropriate, if the condition might require emergency treatment, and (c) government officials investigating affirmative action program compliance under the above cited Acts may be informed.

To be included in our Affirmative Action Program, please indicate by checking below how you would like to be identified:

- Individual with Disabilities
- Veteran of the Vietnam Era
- Special Disabled Veteran
- Other Eligible Veteran

You can assist us by describing the accommodations that we could make to enable you to perform the job properly and safely. Accommodations include special equipment, changes in the physical layout of the job, and elimination/modification of certain duties related to the job.

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NAME \_\_\_\_\_ DATE \_\_\_\_\_  
SSN \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_

For additional space, please use reverse side of this form.

