



Position Applied for: _____ Date Received by Company: _____

PERSONAL INFORMATION

Name: _____
First Last Middle Social Security #

Address: _____
Street City State Zip Code

Email Address: _____ Phone Number: _____

Driver's License Number: _____ State: _____ CDL: Yes No

EMPLOYMENT ELIGIBIITY

- Have you ever been employed by company before? Yes No **If yes**, From _____ To _____
- Are you legally eligible for employment in the United States? Yes No
- Do you want to work Full Time Part Time **If Part Time**, please specify days & hours: _____
- Does company qualify for a Work Opportunity Tax Credit (WOTC) on your behalf? Yes No
- Have you ever pled "Guilty" or "No Contest" to or been convicted of a crime? Yes No **If yes**, please provide date(s) and details. (Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be considered.)

- If hired by company, can you preform the job for which you have applied and how would you perform it: _____

EDUCATION

School/ City & State	Graduated	Degree/Diploma/Major

Skills and qualifications (special training, skills, licenses and/or certificates that may qualify you as able to perform job-related functions in the position for which you are applying):

EMPLOYMENT HISTORY

Job Title: _____ Dates Employed: From _____ To _____

Employer: _____ Address: _____

Telephone: _____ Hourly Wage: Starting \$ _____ Ending \$ _____ Per _____

Describe in detail the type of work performed and job responsibilities:

Reason for Leaving: _____

May we contact for reference: Yes No

Comments: _____

Job Title: _____ Dates Employed: From _____ To _____

Employer: _____ Address: _____

Telephone: _____ Hourly Wage: Starting \$ _____ Ending \$ _____ Per _____

Describe in detail the type of work performed and job responsibilities:

Reason for Leaving: _____

May we contact for reference: Yes No

Comments: _____

Job Title: _____ Dates Employed: From _____ To _____

Employer: _____ Address: _____

Telephone: _____ Hourly Wage: Starting \$ _____ Ending \$ _____ Per _____

Describe in detail the type of work performed and job responsibilities:

Reason for Leaving: _____

May we contact for reference: Yes No

Comments: _____

Have you ever been discharged or asked to resign by another employer Yes No If yes, please explain:

REFERENCES

Name:	Address:	Telephone	Years Known

MOTOR VEHICLE RELEASE CONSENT

In conjunction with my employment, or volunteer work at/with company (applicant) consent to the release of my Motor Vehicle Record (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR that I may have provided to the company. This consent is given in satisfaction of Public law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act," and is intended to constitute "written consent" as required by this Act.

Driver's License Number: _____ State: _____

Date of Birth: _____

Signature: _____ Date: _____

ACKNOWLEDGEMENTS & DISCLOSURES

- I give the company the right to contact and obtain information from all references, employers, and schools to verify the accuracy of the information contained in this application. I hereby release the company and its representatives from liability for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.
- This application is current for only 60 calendar days from the date received by company (as indicated above). At the conclusion of the 60-day period, if I have not heard from the company and still wish to be considered for employment, it will be necessary to fill out a new application.
- I understand that if I am employed, any misrepresentation or material omission made by me on this application may be sufficient cause for immediate termination, whenever it is discovered.
- I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States verifiable by eVerify in the State of Florida, and that Federal immigration laws require me to complete an I-9 form in this regard.
- I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA. The company does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.
- This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the company, other than an authorized officer, has the authority to make any assurances to the contrary.
- I understand that any offer of employment I may receive from company is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any background investigation that the company may require.
- I certify that the information contained in this application and any other information that I provide company is true and accurate.
- In consideration of my employment, I agree to comply with the policies, rules, regulations and procedure of company.
- I understand that nothing in this application, or conveyed during interview that may or may not be granted, or during my employment, if I am hired, is intended to create a contract for continued employment between company and me. In addition, I understand that if I am employed, my employment at company shall be at will.

Signature of Applicant: _____ Date: _____

DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

I have been told and understand that company has a policy whereby employees using or under the influence of alcohol or chemical substance during work hours may be immediately terminated.

I agree that under the appropriate circumstances, particularly if I am involved in an accident during working hours, I may be required and will submit to a test administered by a qualified authority that will determine if alcohol or chemical substances are present. I understand that a positive result of this test will affect my eligibility for workers' compensation benefits.

I further understand that employment and continued employment depends upon my agreement to submit voluntarily to tests or the detection of the presence of alcohol or drugs. Refusing such a test will result in my immediate termination.

Signature of Applicant: _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITY

Applicants are considered for all positions, and employees are treated equally during employment without regard to race, color, religion, sex, national origin, age, or disability to include pregnancy, sexual orientation and gender identity.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities. This data is for periodic government reporting (EEO-1). It is collected solely to help comply with government record keeping, reporting and other legal requirements.

Gender

Male

Female

Race/Ethnic Group

Black or African American

American Indian or Alaskan Native

White (Not Hispanic or Latino)

Decline to Answer

Hispanic or Latino

Two or More Races

Asian

REFERRAL SOURCE

School: _____

Walk In

Employee: _____

Relative/Friend

Previously Employed at P & S Paving, Inc.

P & S Paving, Inc. Website

