

P & S PAVING, INC.
APPLICATION FOR EMPLOYMENT
(Please Print)

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Management.

Position(s) applied for: _____.

Referral Source: Advertisement Government Employment Agency Private employment Agency
Walk-In Employee Relative Other _____

Name: _____
Last First Middle Social Security #

Address: _____
Street City State Zip Code Telephone

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No If yes, give date(s) _____

Have you ever been employed here before? Yes No If yes, give dates – From _____ To _____

Are you legally eligible for employment in this country? Yes No

Have you ever been bonded? 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 offence, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.) _____

Driver's license number, if driving, is an essential job function # _____ State _____

Educational Background – List high school, college or trade/vocational school.

School/City and State	Years Attended	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) _____

References – List 3 people who you are not related to and who you have known for at least 1 year.

Name	Address	Telephone	Years Known

EMPLOYMENT HISTORY

(Please explain any gaps in employment in comments section below.)

Job Title _____ Date Employed – From _____ To _____
Employer _____ Address _____ Telephone _____
Hourly rate or wage – Starting \$ _____ per _____ Ending \$ _____ per _____
Summarize the type of work performed and job responsibilities _____

Reason for leaving _____
May we contact for reference? Yes No Later
Comments: _____

Job Title _____ Date Employed – From _____ To _____
Employer _____ Address _____ Telephone _____
Hourly rate or wage – Starting \$ _____ per _____ Ending \$ _____ per _____
Summarize the type of work performed and job responsibilities _____

Reason for leaving _____
May we contact for reference? Yes No Later
Comments: _____

Job Title _____ Date Employed – From _____ To _____
Employer _____ Address _____ Telephone _____
Hourly rate or wage – Starting \$ _____ per _____ Ending \$ _____ per _____
Summarize the type of work performed and job responsibilities _____

Reason for leaving _____
May we contact for reference? Yes No Later
Comments: _____

I give the employer the right to contact and obtain information from all references, employers, schools, and to verify the accuracy of the information contained in this application. I hereby release the employer and it's 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 days. At the conclusion of this time, if I have not heard from the employer 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 also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States 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 responsible accommodation as required by the ADA. The employer 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.

If I am hired, I understand I am free to resign at any time, with or without cause and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by 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 employer, other than an authorized officer, has the authority to make any assurances to the contrary.

Signature of Applicant _____ **Date** _____

**Acknowledgement and Release
For Alcohol/Drug/Substance Abuse
Policy and Testing Program**

I have been told and understand that my employer has a policy whereby employees using or under the influence of alcohol or chemical substances during working hours may be immediately discharged.

I agree that under 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 positive result of this test can affect my eligibility for workers' compensation benefits.

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

This policy has been read to me and I fully understand it.

Name: _____ Date: _____

I do hereby authorize my employer or representative of my employer to obtain medical reports, records, or tests which indicate the presence of alcohol or chemical substances in my body.

I agree that a Photostat of this authorization be accepted if necessary.

Name: _____ Date: _____

PRIOR INJURY AND DISABILITY QUESTIONNAIRE

Statement of purpose:

The purpose of this questionnaire is to provide the employer with knowledge about the employee – specifically about preexisting condition or disability which may entitle the employer reimbursement from Florida’s Special Trust Fund (Florida Statute 440.49). The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; the hiring, advancement, or discharge of employees; employees compensation; job training; and other terms, conditions, and privileges of employees.

Name of Employer: _____

Name of Employee: _____

1. Do you now have or have had any of the following? Please CHECK YES or NO box.

	YES	NO		YES	NO
Epilepsy (convulsions, seizures)	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Osteomyelitis (infection in bone)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes medication?	<input type="checkbox"/>	<input type="checkbox"/>	Surgical or Spontaneous fusion of a major weight-bearing joint (frozen joint)	<input type="checkbox"/>	<input type="checkbox"/>
Meniscectomy (inflammation of cartilage or certain joints – e.g., knees)	<input type="checkbox"/>	<input type="checkbox"/>	Hyperinsullnism	<input type="checkbox"/>	<input type="checkbox"/>
Amputation of foot, leg, arm, or hand	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
Total loss of sight of one or both eyes, or a partial loss of corrected vision of more than 75% bilaterally	<input type="checkbox"/>	<input type="checkbox"/>	Thrombophlebitis	<input type="checkbox"/>	<input type="checkbox"/>
Polio (poliomyelitis)	<input type="checkbox"/>	<input type="checkbox"/>	Herniated Invertebral Disc	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Surgical removal of an intervetebral disc or spinal fusion	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Total Deafness	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson’s Disease	<input type="checkbox"/>	<input type="checkbox"/>	One or more back or neck injuries or a disease process of the back or neck, substantiated by a doctor’s opinion and resulting in a disability over a total of 120 or more days	<input type="checkbox"/>	<input type="checkbox"/>
Patellectomy (surgically removed kneecap)	<input type="checkbox"/>	<input type="checkbox"/>			
Ruptured cruciate ligament (knee ligament)	<input type="checkbox"/>	<input type="checkbox"/>	Obesity (30% overweight)	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		

2. Have you previously received workers’ compensation for the on-the-job injury? Yes No
 If Yes, indicate why, when, and where. _____

3. Have you ever received a disability rating or had one assigned to you by an insurance company or state/federal agency? Yes No If Yes, state percentage: _____

4. Have you ever injured or sprained your back? Yes No If Yes, Did you have surgery? Yes No

5. Have you ever injured or sprained your neck? Yes No If Yes, Did you have surgery? Yes No

6. Have you ever injured or sprained a knee? Yes No If Yes, Did you have surgery? Yes No

7. Have you ever had any other type of surgery not mentioned above? Yes No If Yes, Please give details. _____

8. Do you have arthritis? Yes No if Yes, What parts of the body are affected? _____

Employee’s Signature _____ **Date** _____

Position _____

Equal Employment Opportunity

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status or veteran status, medical condition or handicap disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application of Employment.

Please Print:

Name: _____ Date: _____

Address: _____

Position Applied For: _____

Referral Source:	Advertisement	<input type="checkbox"/>	Current Employee	<input type="checkbox"/>
	Relative/Friend	<input type="checkbox"/>	Employment Agency	<input type="checkbox"/>
	Walk-In	<input type="checkbox"/>	Job Service of Florida	<input type="checkbox"/>

Name of current employee: _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on sex and the ethnicity status of applicants. This data is for analysis and affirmative action only.

CHECK ONE: MALE FEMALE

CHECK ONE: RACE / ETHNIC GROUP

_____ WHITE
_____ BLACK
_____ HISPANIC
_____ AMERICAN INDIAN / ALASKIN NATIVE
_____ ASIAN / PACIFIC ISLANDER
