

Date Received: _____

Rehire: Yes No



Equal access to programs, services, and employment to all persons. Applicants requiring reasonable accommodations to the application and/or interview process should notify management.

Position(s) applied for: _____ Telephone: _____

Name: _____

First

Last

Middle

Social Security #

Address: _____

Street

City

State

Zip Code

- If you are under 18, can you furnish a work permit? Yes No
- Have you ever been employed here before? Yes No **If yes,** 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 offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be taken into account.)

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

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

School/ City & 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:

Name:	Address:	Telephone	Years Known

Employment History

Job Title: _____ Dates Employed: From _____ To _____

Employer: _____ Address: _____

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

Summarize 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 _____

Summarize 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 _____

Summarize the type of work performed and job responsibilities:

Reason for Leaving: _____

May we contact for reference: Yes No

Comments:

- I give the employer 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 employer 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 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 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 that 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 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: _____

DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

I have been told and understand that this employer 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.

I fully understand the contents.

Signature of Applicant: _____ Date: _____



MVR RELEASE CONSENT FORM

In conjunction with my employment, or volunteer work, at/with **P&S Paving, Inc.** (“the company”), I _____ (applicant) Consent to the release of my Motor Vehicle (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 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.

Signed (applicant) X _____

Driver’s License Number _____ State: _____

Date-Of-Birth _____

Date: _____

PRIOR INJURY & DISABILITY QUESTIONNAIRE

The purpose of this questionnaire is to provide the employer with knowledge about the employee, specifically about pre-existing 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, employee compensation, job training, and other terms, conditions, and privileges of employees.

Name of Applicant: _____

1. Do you have or have had any of the following

Description	Yes	No	Description	Yes	No
Epilepsy			Chronic Osteomyelitis (infection in bone)		
Diabetes Medication			Hyperinsullinism		
Meniscectomy (inflammation of cartilage)			Surgical or Spontaneous fusion of a major weight bearing joint (frozen joint)		
Amputation of foot, leg, arm, or hand			Muscular Dystrophy		
Total loss of one or both eyes, or a partial loss of corrected vision of more than 75% bilaterally			Surgical removal of an intervertebral disc or spinal fusion		
Polio (poliomyelitis)			Thrombophlebitis		
Cerebral Palsy			Total Deafness		
Multiple Sclerosis			Obesity (30% overweight)		
Patellectomy (surgically removed kneecap)			Hemophilia		
Ruptured cruciate ligament (knee ligament)			One or more back or neck injuries/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		

Other: _____

2. Have you previously received workers' compensation for an on-the-job injury? Yes No

If yes, indicate when, where, and why? _____

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

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

5. Have you ever injured/sprained your neck? Yes No If yes, did you have surgery? Yes No

6. Have you ever injured/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?

Applicant's Signature: _____ 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, marital status, veteran status, medical condition, or handicap disability.

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

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. Solely to help us comply with government record keeping, reporting and other legal requirements, please answer the following questions:

Name: _____ Date: _____

Address: _____

Position Applied for: _____

Referral Source:

- | | |
|--|---|
| <input type="checkbox"/> Job & Benefits | <input type="checkbox"/> Bulletin Board |
| <input type="checkbox"/> Newspaper: _____ | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> School: _____ | <input type="checkbox"/> Social Group |
| <input type="checkbox"/> Employee: _____ | <input type="checkbox"/> Relative/Friend |
| <input type="checkbox"/> Previous Employed at P&S Paving, Inc. | <input type="checkbox"/> P&S Paving, Inc. Website |

Affirmative Action Survey

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

- MALE FEMALE

Race/Ethnic Group

- Black
 White
 Hispanic
 Asian Pacific
 American Indian