



## APPLICATION FOR EMPLOYMENT

**PLEASE PRINT LEGIBLY AND COMPLETELY ANSWER ALL QUESTIONS**

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION

\_\_\_\_\_  
Last Name
First Name
Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City
State
Zip Code

\_\_\_\_\_  
Telephone
Email
Social Security Number

Are you at least 18 years old? \_\_\_\_\_

Are there any days, shifts, or hours you will not work? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Can you perform functions of the job with or without reasonable accommodation? \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

If yes, explain and give dates: \_\_\_\_\_

(Note: a conviction will not necessarily disqualify you)

How did you hear about our company? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

### **DRIVING RECORD**

Do you have a valid drivers license? \_\_\_\_\_ License Number: \_\_\_\_\_

Has your license been suspended or revoked? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have any DUI or DWI convictions? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

If you have your own car:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

### **EDUCATION**

High School Name: \_\_\_\_\_ Did you graduate: \_\_\_\_\_

Diploma or GED: \_\_\_\_\_

Location: \_\_\_\_\_

College Name: \_\_\_\_\_ Did you graduate: \_\_\_\_\_

Degree: \_\_\_\_\_

Location: \_\_\_\_\_

### **SKILLS/TRAINING**

Please list any skills or qualifications, including any machines you can operate:

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**EMPLOYMENT HISTORY**

**(Please list all full-time and part-time employment beginning with your most recent employer)**

1.

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Company name and address Phone

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Start Date / End Date Position Reason for leaving

2.

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Company name and address Phone

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Start Date / End Date Position Reason for leaving

3.

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Company name and address Phone

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Start Date / End Date Position Reason for leaving

Explain any gaps in employment history: \_\_\_\_\_

Have you ever been discharged or forced to resign? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Did you receive any disciplinary action in the last 12 months of active employment? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever signed a non-compete that would restrict you from working with this company? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

### **IMPORTANT NOTICES AND ACKNOWLEDGEMENTS**

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination.

I agree that if hired and I am injured or become involved in an accident, I will follow the procedures requested of me as part of the Worker's Compensation Insurance, which requires me to submit to post-accident drug testing. I further understand that if I test over the legal limits for drugs or alcohol, I could lose my workers' compensation benefits.

We are a drug-free workplace. Any employee found to be using, selling, consuming, purchasing or possessing alcohol or illegal drugs will be subject to **immediate termination**.

I understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre employment drug and/or alcohol test are POSITIVE [indicating substance abuse] and are received by my employer to or within the ninety [90] day probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause under the provisions of the law and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

I understand that in accordance with Florida law, if hired, I will be placed in a ninety [90] day probationary status. I further understand that if I am terminated for unsatisfactory work performance within this ninety [90] day probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

I understand that if hired, either GPS Civil Construction or I, can terminate our employment relationship at any time. I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change[s]; that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person duly authorized by the employer.

I certify that all information given to the employer by me in the form of an employment application, resume or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer may make a thorough investigation of my past work and personal history. I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

I acknowledge that this application will remain active for sixty [60] days from this date. If I have not been contacted at the conclusion of this sixty [60] day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

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Applicant Printed Name

Date

Applicant Signature