



HAZEN CONSTRUCTION

APPLICATION FOR EMPLOYMENT

PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS

Position Applied For: _____

PERSONAL DATA:

Last name	First name	Middle name	Date of Birth
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Street Address _____

City	State	Zip
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Telephone	Social Security Number
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Are you at least 18 years old? _____ If not, state age for child labor law purposes only: _____

Are there any days, shifts or hours you will *not* work? _____

If yes, explain: _____

Is there any reason that you would be unwilling to perform any of the tasks required by the position you are applying for? _____

If yes, describe: _____

Is there any reason why you would be unwilling to report to work on time every day on a regular basis? _____

If yes, please explain why: _____

When will you be able 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.]

Have you taken any illegal drugs in the last 30 days? _____

How did you learn of our Company? _____

Have you ever applied or worked here before? _____ If yes, provide dates: _____

List any relatives or friends currently employed here: _____

Party to be notified in case of an emergency:

Name: _____ Relationship: _____
Address: _____ Telephone: _____

EMPLOYMENT HISTORY: [Please complete for all full-time or part-time employment beginning with most recent employer. Use separate page if needed.]

1.

Company name and address _____ Phone _____

/ - /

From To Position Reason for leaving

2.

Company name and address _____ Phone _____

/ - /

From To Position Reason for leaving

3.

Company name and address _____ Phone _____

/ - /

From To Position Reason for leaving

EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY: _____

List skills or training relevant to the job applied for: _____

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 any non-compete agreement that would restrict you from working with this company? _____ If yes, explain: _____

MILITARY: [Please complete only if you served in the military]

Branch of Service: _____ Dates of Service: _____

Rank at Discharge: _____ Date of Discharge: _____

Type of Discharge: _____ Special Training: _____

EDUCATION:

High School Name: _____ Did you graduate? _____

Diploma or GED: _____

Address/Location: _____

College Name: _____ Did you graduate? _____

Degree: _____

Address/Location: _____

List any scholastic honors and specialized training: _____

DRIVING RECORD: [May or may not be considered]

Do you have a valid drivers license? _____ License Number: _____

Have you had any tickets? _____

If yes, explain: _____

Has your license been suspended or revoked? _____

If yes, explain: _____

Do you have any DUI or DWI convictions? _____

If yes, explain: _____

Do you have a reliable form of transportation to and from work? _____

If you have your own car: Make: _____ Year: _____ Tag #: _____

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. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential files.

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. I will ask my supervisor if I have any question about these procedures.

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 results 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 results of my termination.

I understand that if hired, either Hazen Construction, LLC or I can terminated 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 results 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 results 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.

Applicant's Printed Name

Date

Applicant's Signature

Witness Printed Name

Date

Witness Signature