



**EMPLOYMENT APPLICATION
PERSONAL INFORMATION PLEASE PRINT**

Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____ Social Security: _____

Marital Status: _____ Email Address: _____

Driver's License #: _____ State Issued: _____

Do you have a current Class A CDL License? Yes _____ No _____

How many points do you have on your Driver's License? _____

Have you ever been arrested for drunk driving? Yes _____ No _____ When? _____

Do you know how to operate any heavy equipment? Yes _____ No _____

If yes what? _____

Where did you learn how? _____

How long did you operate it? _____

Do you know how to operate a 10-speed diesel truck? Yes _____ No _____

If yes where did you learn? _____

How long did you drive? _____

Referred by? _____ Position desired? _____

Date you can start? _____ What is your desired salary range? _____

Do any of your friends or relatives other than spouse work here? Yes _____ No _____

Are you employed now? Yes _____ No _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

May we inquire your present employer? Yes _____ No _____

Have you ever applied with this company before? Yes _____ No _____ When? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes _____ No _____



Employment: Employers List Starting with Last Employer First

Name of Employer: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ Beginning Date: _____ Ending Date: _____
Salary: _____ Reason for leaving? _____

Name of Employer: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
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Address: _____ City: _____ State: _____ Zip: _____
Position Held: _____ Beginning Date: _____ Ending Date: _____
Salary: _____ Reason for leaving? _____

Comments; include any gaps in employment: _____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities: _____

Describe any job-related training received in the United States military: _____

Additional Information; Other Qualifications: _____



Education: Name and Location

Graduated

Subject Studied

High School _____

College _____

If you did not attend high school, name the highest grade completed and where you attended?

References: Name two people you have known more than one year

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Marital Status: _____ Dependents: _____ Claimed for withholding: _____

Emergency Information: Notify

Name: _____ Relationship: _____

Phone: _____ Address: _____

Applicant Name: _____ Height: _____ Weight: _____

I understand that if employed: 1) Any misrepresentation or omission of facts requested in this application is cause for dismissal 2) My employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice: Termination is binding by foreman on jobsite, or owner: and 3) It is understood by _____ that he/she is under a (90) ninety-day probation/trail period beginning with the first day of employment. If at any time within this time period the employee proves to be unsatisfactory in qualifications of Martin Paving, he/she will be terminated without notice. 4) It is understood by employee that employee's driver's license is to be maintained, with a driving record acceptable to our insurance company to be able to drive. Without an acceptable driver's license, his/her job will be terminated. 5) It is understood by applicant that if he/she is hired and he/she quits or is terminated from his/her job within 90 days of employment, Martin Paving will take the cost of the Physical and Drug Test out of his/her final check. 6) It is understood that if he/she is given a Random Drug Test and he/she tests positive, Martin Paving will take the cost of the Drug Test out of his/her check, if employee refuses to take the test it is grounds for immediate termination, if employee refuses or cannot urinate within two hours of being taken for the drug test, that the employee will submit to a blood drug test at an additional cost to the employee whether the test is positive or negative.

Date Signed: _____ Signature: _____



Do you have or have ever had any of the following? Please check yes or no. All yes answers must be explained. Answer all questions.

	Yes	No		Yes	No
Epilepsy	___	___	Psychiatric or Psychological	___	___
Diabetes	___	___	Depression	___	___
Cardiac Disease	___	___	Hemophilia	___	___
Dizziness	___	___	Osteomyelitis	___	___
Loss of Vision	___	___	Polio	___	___
Any Amputation	___	___	Muscular Dystrophy	___	___
Hypoglycemia	___	___	Stiff Joints	___	___
Cerebral Palsy	___	___	Thrombophebitis	___	___
Multiple Sclerosis	___	___	Herniated Intervertebral Disc	___	___
Parkinson's Disease	___	___	Back Surgery	___	___
Head Injury	___	___	Allergies	___	___
High Blood Pressure	___	___	Arthritis	___	___
Rheumatic Fever	___	___	Varicose Veins	___	___
Chest Pains	___	___	Tuberculosis	___	___
Skin Trouble	___	___	Kidney Trouble	___	___
Ulcers	___	___	Knee Injuries	___	___
Cancer	___	___	Heart Attacks	___	___
Total Deafness	___	___			

Explain Yes Answers: _____



Are you unable to perform certain body motions or assume certain positions?
Yes _____ No _____

What? _____

Have you ever had an injury to your back or neck? _____

When and How? _____

Have you ever had any operations, disabilities, impairments, or handicaps not covered by the above questions? Yes _____ No _____ What? _____

Have you ever had a work's compensation claim? Yes _____ No _____
What? _____

Were medical benefits or any compensation paid? _____

Date of last physical exam: _____ Name of physician: _____

I have been fully advised that if I am injured on the job regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor.
Yes _____ No _____

Signature of applicant/ employee: _____

Comments: _____

All statements and information given in this application are true to the best of my knowledge and belief. I understand that any false or misleading answers to these questions will be sufficient reason for denial of benefits under the Florida Workers Compensation Act and basis for termination of employment. I also understand that my answers will be verified by investigation.

Signature of applicant/ employee: _____ Date: _____



APPLICANT DRUG TESTING CONSENT AND RELEASE

This form must be completed by applicant

Pursuant to my application for employment, I understand that all job offers are expressly conditioned upon my submitting to and passing a drug test to detect the presence of illegal drugs or alcohol use. I hereby consent to submit to a urinalysis or other test as required by Martin Construction, Inc. for the purposes of testing for the presence of illegal drugs or alcohol abuse. I agree that a clinic or laboratory approved for these tests. I further agree to authorize the release of the results of these tests to the Medical Review Officer, employed or retained by the company, to the Owners of the company, and to such other management personnel as may require this information on a need to know basis. However, my understanding is that any information derived from these test will be confidential between the laboratory, the owners of the company, and the Medical Review Officer, except as otherwise provided by law, or if I place the test or its results in issue in any administrative, legal, or other proceeding.

I further agree to release and hold the company and its agents, employees, and assigns, including the laboratory collecting and conducting these test, harmless from any liability arising in whole or in part out of the collection or testing of the specimens I provide or from the use of the information derived from these tests in consideration of my employment application.

I have carefully read this Consent and Release form and understand it completely. I also understand that execution of this Consent and Release is a condition of employment with the company and my refusal to sign will result in withdrawal of any offer of employment I may receive. I am signing this form voluntarily and have not been coerced or placed under duress by any person.

Applicant Social Security Number

Applicant Signature & Date



NOTICE TO APPLICANTS

MARTIN CONSTRUCTION, INC. had established and maintains a Drug-Free Workplace Program. This Drug-Free Workplace Program is in conformity with chapter 440.102. Florida State its implementing regulations, and Federal law.

As part of this program, offers of employment are expressly conditioned upon passing a drug test. In addition, employees of the company may be subject to drug testing under those conditions outlined in the company's drug and alcohol policy statement.

For persons receiving a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer (MRO) the use of prescription or non-prescription medications both before and after being tested. Additionally, job applicants will also be given the names, addresses, and telephone numbers of local alcohol and drug rehabilitation programs.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within five (5) working days after written notification of the test result. A job applicant will also have an opportunity to request a retest at the job's applicant's expense. If a job applicant's explanation or challenge is unsatisfactory, the job applicant may contest the drug test results pursuant to rules adopted by the Department of Labor and Employment Security or the Agency for Health Care Administration.

The job applicant also had the responsibility to notify the laboratory or clinic conducting the drug test of any administrative or civil action brought involving the drug test conducted by that laboratory or clinic.

The job applicant also has a right to consult the testing laboratory or clinic for technical information regarding prescription and non-prescription medication. In addition, each job applicant will be given a list of the substances to be tested for prior to administration of the drug tests. All tests results will remain confidential except as allowed by law. The company will provide all job applicants with a copy of the company's drug and alcohol abuse policy statement prior to administration of a drug test.

Nothing in this Notice will affect these rights provided in any collective bargaining agreement between the company and its employees. Refusal to complete or sign this document will result in a withdrawal of any offer of employment.

Martin Construction, Inc.

Applicant Signature & Date