

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? Ye	es No s License?
	? Yes No When?
Do you know how to operate any heavy equip	
Where did you learn how?	
How long did you operate it?	
Do you know how to operate a 10-speed diese	
How long did you drive?	
	Position desired?
-	What is your desired salary range?
Do any of your friends or relatives other than s	
Are you employed now? Yes No	
Are you currently on "lay-off" status and subje	
May we inquire your present employer? Yes _	
Have you ever applied with this company befo	
Are you prevented from lawfully becoming em	ployed in this country because of Visa or Immigration
Status? Ves No	



Employment: Employers List Starting with Last Employer First

Name of Employer:		Phone #:	
	City:		
	Beginning Date:		
Salary:	Reason for leaving?		
		51 "	
	City:		
	Beginning Date:		
Salary:	Reason for leaving?		
Name of Employer:		Phone #:	
Address:	City:	State:	_ Zip:
	Beginning Date:		
Salary:	Reason for leaving?		
Name of Employers		Dhone #	
	City		
	City:		
	Beginning Date: Reason for leaving?		
Salary.			
Name of Employer:		Phone #:	
Address:	City:	State:	_ Zip:
Position Held:	Beginning Date:		
Salary:	Reason for leaving?		
Comments, include any	gans in ampleyments		
Comments, include any	gaps in employment:		
Describe any specialized	training, apprenticeship, skills, and extra-cu	rricular activities:	
Describe any job-related	d training received in the United States milita	ry:	
Additional Information	Other Qualifications:		
Additional miormation;	Other Qualifications:		



Education: Name High School		Graduated	Sub	ject Studied
If you did not attend	high school, name	the highest grade com	pleted and who	ere you attended?
		have known more t	•	
Marital Status:		Dependents:	Claime	d for withholding:
Emergency Inform		Relat	ionshin:	
Applicant Name:			_ Height:	Weight:
application is cause f date of payment of n binding by for	or dismissal 2) My ny wages and salar reman on jo	employment is for no o y, be terminated at an obsite, or owne	definite period y time without r: and 3	of facts requested in thi and I may, regardless of the prior notice: Termination i It is understood ninety-day probation/tra
period beginning with proves to be unsatisful. 4) It is understood become acceptable to his/her job will be test is terminated from helphysical and Drug Test and he/shecheck, if employee recording to the province of the control of the province of the provin	th the first day of e factory in qualificat by employee that our insurance com rminated. 5) It is u his/her job within set out of his/her for the tests positive, Ne efuses to take the set thin two hours of I	mployment. If at any tions of Martin Paving, employee's driver's linpany to be able to driverstood by applican days of employmeninal check. 6) It is undartin Paving will take test it is grounds for in	time within thin he/she will be cense is to be we. Without and that if he/she ht, Martin Paviderstood that is the cost of the mediate terming test, that the	s time period the employed terminated without notice maintained, with a driving acceptable driver's license is hired and he/she quits on will take the cost of the f he/she is given a Randon ne Drug Test out of his/he ination, if employee refuse e employee will submit to a
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					
Cardiac Disease			Depression		
Dizziness			Hemophilia		
			Osteomylitis		
Loss of Vision			Polio		
Any Amputation			Muscular Dystrophy		
Hypoglycemia			Stiff Joints		
Cerebral Palsy					
Multiple Sclerosis			Thrombophebitis		
Parkinson's Disease			Herniated Intervertebral Disc		
Head Injury			Back Surgery		
High Blood Pressure			Allergies		
Rheumatic Fever			Arthritis		
Chest Pains			Varicose Veins		
Skin Trouble			Tuberculosis		
Ulcers			Kidney Trouble		
			-		
Cancer			Knee Injuries		
Total Deafness			Heart Attacks		
Explain Yes Answers	s:				



Are you unable to perform certain body motions or assume co	ertain 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, impairment above questions? Yes No What?	ts, or handicaps not covered b	
Have you ever had a work's compensation claim? Yes What?	No	
What? Were medical benefits or any compensation paid?		
Date of last physical exam: Nan	me of physician:	
I have been fully advised that if I am injured on the job r may seem, I am to report that injury immediately to my s Yes No	upervisor.	ijury
Signature of applicant/ employee:	- 	
Comments:		
All statements and information given in this application are to belief. I understand that any false or misleading answers to reason for denial of benefits under the Florida Workers termination of employment. I also understand that my answers	to these questions will be suffice Compensation Act and basis	icient s for
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.

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	Applicant Signature & Date	

Martin Construction, Inc.