

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DATE _____	
		SOCIAL SECURITY NO. _____	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY _____		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.			
NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

Consent to Criminal Background Check

I have been informed that ABC would like to do a criminal background check for employment purposes. I understand that a prior criminal conviction will not necessarily make me ineligible for employment.

Please check A or B below:

A ☐ I hereby consent to a criminal background check and authorize the release of the report and any other information to the company. I hereby release the company, its divisions, affiliates, and associates, and anyone acting on their behalf from any and all claims or liabilities of any nature arising from or related to the preparation of the information contained in the criminal background reports, and the disclosure of such information for employment purposes.

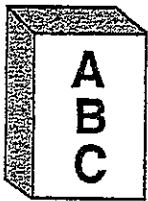
(If you would like to receive a copy of the report, initial this form in the bottom right-hand corner.)

B ☐ I do not consent to a criminal background check.

Your name (please print)

Your signature

Date



**ASPHALT
BLOCK
CONCRETE**

CUTTING CONTRACTORS OF JACKSONVILLE
1571 Main Street • Atlantic Beach, FL 32233 • (904) 246-1656
Email: aspbkcon@aol.com

ABC Cutting Contractors of Jacksonville, Inc.

Pre-employment Driving Record Consent Form

I hereby consent to ABC Cutting Contractors of Jacksonville, Inc.
acquiring my driving records.

Signature _____

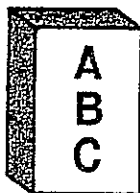
Printed Name _____

Driver's License # _____

State _____

Expiration Date _____

Date Of Birth _____



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CUTTING CONTRACTORS OF JACKSONVILLE
1571 Main Street • Atlantic Beach, FL 32233 • (904) 246-1656

ABC CUTTING CONTRACTORS OF JAX, INC
PRE-EMPLOYMENT DRUG TESTING POLICY

Consistent with the company's policy opposing drug abuse, we have implemented a pre-employment drug testing policy.

All job applicants at ABC Cutting Contractors of Jax, Inc will undergo screening for the presence of illegal drugs as a condition of employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing a consent agreement will release the company from liability.

An applicant with positive results will be denied employment at that time, but may initiate another inquiry with the company after six months.

The company will not discriminate against applicants for employment because of past abuse of drugs. It is the current abuse of drugs which prevents employees from properly performing their jobs that the company will not tolerate.

I _____, authorize ABC Cutting Contractors to receive the results of my pre-employment drug screening.

Signature _____ Date _____