

PLEASE PRINT LET'RA DE MOLDE

CGC1515899

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Employment Application Policy

All applications will be kept on file for a thirty (30) day period. Anytime a job opening occurs, applications will be reviewed. Applications will be examined monthly and all "expired" forms will be removed and destroyed. If an applicant updates his or her application, the (30) thirty day cycle will restarted. this policy will be explained to all applicants.

This policy was explained to me. Applicant initials \_\_\_\_\_

**Applicant Information**

Application Date:									
Last			First			M.I.			
Street Address						Apartment/Unit #			
City					State		ZIP Code		
Tel.( )				E-mail Address:					
Date Available to work:		Social Security No.:			Desired Salary:		\$		
Position Applied for:									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony or misdemeanor?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:				
Emergency Contact Information : Tel: ( ) Relationship									
Are you available to work any day of the week?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over the age of 18?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you available to work overtime?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you, Upon employment, provide verification of your legal right to work in the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you available to travel away from home to work for an extended amount of time			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to perform the key tasks of the job with or without accommodation? Use reverse side to explain accommodations needed if no.			YES <input type="checkbox"/>	NO <input type="checkbox"/>

**ADDITIONAL REMARKS:** Please carefully read all of the questions and clearly print your responses in ink. If you should need additional space, please use the back of this form. If you do not understand a question, please ask for an explanation. Please respond to each question completely and honestly. If the question does not apply to you, print "N/A" in the space.

All responses are subject to verification by ACT Construction Inc.. Any false, misleading or incomplete responses will be cause for immediate disqualification of employment consideration.

Should you make a mistake in responding to a question, please draw a line through your response and place your initials next to that line. Then print the correct response in the remaining available space.

**Please note:** You are not required to give information on this form where such information is expressly prohibited by federal, state, or local laws and the applicant may exclude those responses that may indicate race, creed, sex, marital

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status, age, color, natural origin, disabilities, military status, or union affiliation. Our employment practices are in full accord with the state and federal laws prohibiting discrimination because of race, color, religion, age, sex, national origin, or disabilities.

**IMPORTANT:** List all previous employment beginning with the most recent, Regardless of duration

**Previous Employment**

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Disclaimer, Release and Signatures**

I hereby certify that the information contained in this application for employment is true and complete. I authorize ACT Construction Inc to contact all sources necessary to verify this information. You also hereby authorize a release to ACT Construction, Inc, any and all information and records, including but not limited to all personnel file information that they request concerning my employment with your business if it should be requested. the foregoing authorization shall continue until I have revoked it in writing.

*In recognition of our responsibility to provide a safe and healthful environment for all employees and in an effort to continue the provision of products and services of the highest quality, the undersigned fully understands that any offer of employment at ACT Construction Inc made to an applicant may be contingent upon the passing of a drug-screening test. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL HISTORY (HISTORIA MEDICA)**

Name (Nombre) \_\_\_\_\_ Social Security Number (Numero de Seguro Social) \_\_\_\_\_

Address(Domicilio) \_\_\_\_\_ City(Ciudad) \_\_\_\_\_ State(Estado) \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you have or have you ever had any of the following? (please check EACH of the following Yes or No. Any Yes answer must be fully explained below.) Answer ALL questions. *Tiene o ha tenido las siguientes? (Conteste Si or No. Las respuestas afirmativas deben ser explicados abajo completamente.) Conteste a TODAS /as preguntas.*

	Yes	No		Yes	No
	Si	No		Si	No
Epilepsy ( <i>Epilepsia</i> )			Allergies ( <i>Alergiu</i> )		
Diabetes(Sugar Problems) <i>Diabetis (problemas de Azucary</i>			Psychiatric or Psychological Treatment or Evaluation ( <i>Tratamiento o Evaluacion Siquiatrica o Sicologica</i> )		
Cardiac (Heart) Disease <i>Enfermedad Cardiaca (Corazon)</i>			Hemophilia or other blood disease <i>(Hemofilia u Otra Enfermedad de la Sangre)</i>		
Marie Stnnpell Disease <i>Mal de Marie Strumpell</i>			Osteomyelitis <i>Osteomelitis</i>		
			Stiff Joints ( <i>Problemas en /as Atricufaciones</i> )		
Any loss of Vision <i>Perdida de Vista</i>			Hypoglycemia (Sugar Problems) <i>Hipoglicemia (problemas de Azucalij)</i>		
Polio			Muscular Dystrophy ( <i>Distrofia Muscular</i> )		
Any Amputation ( <i>Alguna Amputacion</i> )			Thrombophlebitis ( <i>Tromboflebitis</i> )		
Cerebral Palsy ( <i>Paralisis Cerebral</i> )			Herniated Intervertebral Disc <i>(Hernia en los Discos Vertebrales)</i>		
Multiple Sclerosis ( <i>Esclerosis Multiple</i> )					
Parkinson's Disease ( <i>Mal de Parkinson</i> )			Back Surgery ( <i>Cirugia de la Espalda</i> )		
Vascular (Circulation) Disorder <i>(Problemas Circulatorios)</i>			Arthritis ( <i>Artritis</i> )		
Have you ever received treatment for a back, neck or knee condition or head injury? <i>Ha recibido usted tratamiento por algun problema en la espalda, cuello o rodilla o golpe a la cabeza'</i>					
Do you now or have you ever suffered from aches or pains of the back? <i>Padece usted o ha padecido de dolores en la espalda</i>					
Have you ever had any surgery? <i>Ha tenido alguna vez cualquier tipo de cirugía?</i>					
Can you perform the essential functions of the position you are applying for with reasonable accommodation? <i>Puede usted cumplir las funciones esenciales de la posición que usted esta aplicando par, con acomodación razonable?</i>					
Have you ever received a disability rating for any reason? <i>Ha sido usted alguna vez clasificado como deshabilitado?</i>					
Explain fully any Yes answer: (Use other side of page if necessary.) <i>Explique completamente cualquier respuesta de Si: (Use la parte de atras si es necesario.)</i>					
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. <i>Yo he sido totalmente instruido que si yo sufro "algun accidente en el trabajo debo reportarlo inmediatamente a mi supervisor, aun cuando el accidente pudiera ser menor.</i>				Yes	No
				Si	No

**I certify the above answers to be true and correct. (Yo certifico de que w declarado anteriormente es correcto.)**

Signature (*Firma*)

Date (*Fecha*)

Witness (*Testigo*)

Date (*Fecha*)

NOTE: If employee is unable to read and write, he is to make his mark in the place for his signature. The witness is to certify that he has read the above requested information to the employee and that the answers are those of the employee.. Sign in the space for witness to certify.