

FOR OFFICIAL USE ONLY

Agency Authorized Signature _____ Date ____/____/____



1409 Tech Boulevard, Suite 1
Tampa, FL 33619

APPLICATION FOR EMPLOYMENT

FAC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability, veteran status, or any other classification protected by federal, state, or local law. Further, Florida Asphalt provides reasonable accommodations as required by law. This application for employment will remain active for thirty (30) days only. Any applicant wishing to be considered for employment beyond thirty (30) days must reapply.

Florida Asphalt is a Drug Free workplace and it is a condition of employment with the Company to refrain from possessing, selling, soliciting, transferring, producing, distributing, dispensing, and/or using illicit drugs and the Company has implemented a drug-testing program to enforce this policy.

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION

- Complete this application in its entirety.
- Type or print in ink.
- In accordance with s.119.071(5)(a)2, F.S., your Social Security Number may be collected for the purpose of assisting with pre-employment eligibility screening and to process your application.
- Specify the position for which you are applying.
- Sign your name in the Certification Section. All information you submit is subject to verification.

Position applied for: _____ Date of application: _____

Date available: _____

Hourly Wage or Salary Desired: \$ _____

Referral Source: Walk-in Employee Referral (if so, name of employee _____)

Advertisement _____

FAC website _____

Other (please specify): _____

If hired, would you be able to present evidence of your United States Citizenship, or proof of your legal right to work in the United States? Yes No

(In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.)

PERSONAL INFORMATION

Last Name			First Name			Middle Initial		
Street Address								
City			State			Zip Code		
()			()			()		
Home Phone Number			Cell Phone Number			Other Phone Number		

What other names or aliases have you used or been known by: _____

Primary Email Address: _____ Secondary Email Address: _____

Driver's License # _____ State _____

Endorsement: Yes No If yes, what class: _____

GENERAL INFORMATION

Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by this Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide dates and position held: _____ Reason for leaving: _____
Do you have any relatives or friends employed by this Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Names of relatives or friends employed by this Company: _____ _____
Have you ever been involuntarily terminated or asked to resign from any position of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide name of employer, dates of employment and describe circumstances: _____ _____
Have you plead guilty or no contest, or been found guilty of a felony or misdemeanor in any court, domestic or foreign?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____ _____

(Note: If "Yes," this information will not necessarily result in the denial of employment. However, your misrepresentation or failure to list your criminal history records will disqualify you from further consideration for employment and, if employed, will result in termination of your employment. The circumstances, nature and seriousness of the crime and date of conviction will be considered with other relevant facts as part of an individualized assessment for each applicant.)

EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking (transcripts may be required)	
Circle the highest grade completed: 10 11 12 13 14 15 16+	OSHA Training: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	List OSHA Training you have had in the last 4 years or attached a copy of your OSHA card or certificate. _____ _____ _____ _____
If yes, name/location of school: _____	
Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None _____	
Did you earn a degree from college? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current CPR Card: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of college(s) _____	If yes, issued by: _____
Degree(s): _____	Expiration Date: _____

EMPLOYMENT HISTORY

Starting with your most recent/current employer, including military service and self-employment, please provide the following information:
(use additional sheet of paper if more space is necessary)

Company: _____

Address: _____

Supervisor's Name & Title: _____

Telephone #: _____

Reason for Leaving (*Please select one*):

- Laid Off
 Terminated (*explain*) _____
 Quit (*reason*) _____
 Other (*explain*) _____

Job Title: _____

Dates Employed: _____
(*Month/Year*)

Starting Salary: _____ Ending Salary: _____

Summarize type of work performed and job responsibilities:

Company: _____

Address: _____

Supervisor's Name & Title: _____

Telephone #: _____

Reason for Leaving (*Please select one*):

- Laid Off
 Terminated (*explain*) _____
 Quit (*reason*) _____
 Other (*explain*) _____

Job Title: _____

Dates Employed: _____
(*Month/Year*)

Starting Salary: _____ Ending Salary: _____

Summarize type of work performed and job responsibilities:

Company: _____

Address: _____

Supervisor's Name & Title: _____

Telephone #: _____

Reason for Leaving (*Please select one*):

- Laid Off
 Terminated (*explain*) _____
 Quit (*reason*) _____
 Other (*explain*) _____

Job Title: _____

Dates Employed: _____
(*Month/Year*)

Starting Salary: _____ Ending Salary: _____

Summarize type of work performed and job responsibilities:

APPLICANT POSITION QUESTIONNAIRE

Complete all sections as applicable to your experience

CREW TYPE	RELATED EXPERIENCE # YEARS AND/OR # MONTHS
<input type="checkbox"/> CONCRETE	_____
<input type="checkbox"/> EARTHWORKS/DIRT	_____
<input type="checkbox"/> FINE GRADE	_____
<input type="checkbox"/> ROAD BASE	_____
<input type="checkbox"/> SERVICE/PUNCHOUT	_____
<input type="checkbox"/> STABILIZATION	_____
<input type="checkbox"/> UTILITY/PIPE	_____
<input type="checkbox"/> ANY	_____

POSITION TYPE	RELATED EXPERIENCE # YEARS AND/OR # MONTHS
<input type="checkbox"/> CONCRETE FINISHER	_____
<input type="checkbox"/> DRIVER	_____
<input type="checkbox"/> FOREMAN	_____
<input type="checkbox"/> HILLMAN	_____
<input type="checkbox"/> LABORER	_____
<input type="checkbox"/> PIPE LAYER	_____
<input type="checkbox"/> SUPERINTENDENT	_____
<input type="checkbox"/> TAILMAN	_____
<input type="checkbox"/> OTHER	_____

FROM YOUR HIGHEST SKILL LEVEL TO YOUR LOWEST, LIST THE EQUIPMENT YOU HAVE EXPERIENCE OPERATING

EQUIPMENT	RELATED EXPERIENCE # YEARS AND/OR # MONTHS
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to the Company in considering your application. This could include any professional certification, specialized training or courses you have completed that will aid in evaluating your qualifications for the position you are seeking.

REFERENCES

List name and telephone number of at least three business/work references who are *not* related to you and are familiar with your work.

Name	Position or Title	Relationship	Telephone #	Years Known
			()	
			()	
			()	
			()	
			()	

FOR FAC USE ONLY

APPLICANT'S CERTIFICATION AND AGREEMENT

APPLICANT PLEASE READ BEFORE SIGNING

I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ANSWERS ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Ripa & Associates to verify their accuracy and to obtain reference information on my work performance. I hereby release RIPA & Associates from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand, if hired, I will be placed in a probationary status. I further understand that if I am terminated for unsatisfactory work performance within this probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I further understand that my employment is "at-will" and either I or the Company may terminate this relationship any time, for any unlawful reason, with or without cause or notice.

I understand that if offered a position, I may be required to submit to a pre-employment medical examination and drug screening as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests will result in withdrawal of any employment offer or termination of employment if already employed. I understand that a background check will be performed and agree to sign the required consent and authorization forms. This offer of employment is contingent and conditioned upon the satisfactory results of our drug screen and a positive background check. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Florida Asphalt. and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Florida Asphalt. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Florida Asphalt may terminate my employment at any time with or without notice or cause.

Applicant's Signature

Date

Florida Asphalt Contractors
Request for Job Applicant Information

Florida Asphalt is an Equal Opportunity Employer. As required by law, we must record certain information to be made part of our Affirmative Action Program.

It is the policy of Florida Asphalt to employ, compensate, promote and provide other terms and conditions of employment, without regard to race, color, religion, national origin, gender, pregnancy status, marital status, sexual orientation, age, veteran status, disability/handicap, genetic information and testing, or other characteristics protected by law. As employers, and government contractors, we comply with government regulations and affirmative action obligations. This information will NOT be kept with your application and will be used only in accordance with state and federal regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

I. General Applicant Information

PRINT NAME:	DATE:
JOB TITLE(S) APPLIED FOR	
<hr style="border: 0; border-top: 1px solid black;"/>	
<hr style="border: 0; border-top: 1px solid black;"/>	

II. Gender

- Male Female

III. Race or Ethnic Identity (Please check one)

- Hispanic or Latino Asian
 White (Not Hispanic or Latino) American Indian or Alaskan Native
 Black or African American Two or More Races
 Native Hawaiian or Pacific Islander I Do Not Wish to Self-Identify

IV. Veteran Status (Please check one if applicable)

- Disabled Veteran Recently Separated Veteran Armed Forces Service Medal Veteran
 Other Protected Veteran

V. Please tell us how you heard about our opening(s):

- Walk-in
 Referral – please write name of the person who referred you _____
 Advertisement – *Publication Name* _____
 Employment Agency – *Agency Name* _____
 Outreach Group or Organization – *Group or Organization Name* _____

If you have any questions about the government requirements or this request, please contact our office of Human Resources at 813-623-6777. Thank you.