

# C & M Roadbuilders, Inc.

6728 33<sup>rd</sup> Street East

Sarasota, FL 34243

(941)758-1933 Fax (941)751-6887

## Application For Employment

### An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(Please Print)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?  Yes  No (Proof of citizenship or Immigration Status will be required upon employment)

On what date would you be available to work? \_\_\_\_\_

Are you available to work  Full time  Part-Time  Shift Work  Temporary

Do you have transportation to job sites?  Yes  No

Can you travel if a job requires it?  Yes  No

Are you on a lay-off or subject to recall?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain \_\_\_\_\_

Veteran of U.S. Military Service?  Yes  No If Yes, Branch? \_\_\_\_\_

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and individuals with physical or mental handicaps.

Government contractors are subject to 38USC2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped

individuals. If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this info. The purpose is to provide info regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This info will be treated as confidential. Failure to provide this info will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.  Handicapped individual  Disabled Veteran  Vietnam Era Vet.

Signed \_\_\_\_\_ Date \_\_\_\_\_

To notify in case of emergency, give name, address, phone number, and relationship.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**Employment Experience.** Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

1 Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates Employed: (MM/DD/YY to MM/DD/YY) \_\_\_\_\_  
Hourly Rate/Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Work Performed \_\_\_\_\_

2 Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates Employed: (MM/DD/YY to MM/DD/YY) \_\_\_\_\_  
Hourly Rate/Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Work Performed \_\_\_\_\_

3 Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Dates Employed: (MM/DD/YY to MM/DD/YY) \_\_\_\_\_  
Hourly Rate/Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Work Performed \_\_\_\_\_

(If you need additional space, please continue on separate sheet of paper.)

Special Skills and Qualifications. Summarize special skills and qualifications from employment or other experience.

Education

|   | <u>Elementary</u> | <u>High School</u> | <u>College/University</u> | <u>Graduate/Professional</u> |
|---|-------------------|--------------------|---------------------------|------------------------------|
| School Name _____   |                   |                    |                           |                              |
| Years completed _____<br>(Circle)   | 4 5 6 7 8         | 9 10 11 12         | 1 2 3 4                   | 1 2 3 4                      |
| Diploma/Degree _____  |                   |                    |                           |                              |
| Describe Course of Study _____  |                   |                    |                           |                              |
| Describe specialized training, apprenticeship, skills, and extra-curricular activities. |                   |                    |                           |                              |

Honors Received \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of C & M Roadbuilders, Inc.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Application is valid for 30 days

**For Department Use Only**

|                   |                              |                             |                          |
|-------------------|------------------------------|-----------------------------|--------------------------|
| Arrange Interview | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |
| Remarks           | _____                        |                             |                          |
| Employed          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of Employment _____ |
| Job Title         | _____                        | Hourly Rate/Salary _____    | Dept: _____              |
| By                | _____                        |                             |                          |
| Name              | Title                        | Date                        |                          |

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### Pre-Employment Drug Testing Policy

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Consistent with C & M Roadbuilders, Inc. policy opposing drug abuse, we have implemented a pre-employment drug testing policy.

ALL job applicants at C & M Roadbuilders, Inc. will undergo screening for the presence of illegal drugs as a condition of employment.

Applicants will be required to submit voluntarily to a urinalysis test at a laboratory chosen by C & M Roadbuilders, Inc., and to sign a consent agreement which will release C & M Roadbuilders, Inc. from liability.

Any applicant with positive test results will be denied employment at that time, but may initiate another inquiry with C & M Roadbuilders, Inc. after six months.

C & M Roadbuilders, Inc. will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol which prevents employees from properly performing their jobs that C & M Roadbuilders, Inc. will not tolerate.

An applicant has the right to consult the testing laboratory for technical information regarding the effects of prescription and non-prescription medications and drug testing.

An applicant may appeal the results of the drug test or challenge it legally or administratively, at the applicant's expense. Also, in accordance with the administrative provisions for the Worker's Compensations Act, the applicant may have the sample in question retested, at his/her own expense at another qualified laboratory. It is the applicant's responsibility to notify the testing laboratory of any legal action he/she intends to take.

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**Applicant Drug Testing Consent Agreement**

As a prerequisite to employment, I hereby agree to allow C & M Roadbuilders, Inc. and their chosen laboratory to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized C & M Roadbuilders, Inc. management for appropriate review, and authorize C & M Roadbuilders, Inc. to use the test results as a defense to any legal action to which I am a part.

I understand that the results of the drug testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by C & M Roadbuilders, Inc., I must abide by the terms of C & M Roadbuilders, Inc. Drug-free Workplace policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with C & M Roadbuilders, Inc., and disciplinary action, up to and including discharge, may result if: 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to C & M Roadbuilders, Inc., if the tests establish a violation of C & M Roadbuilders, Inc. Drug-free Workplace policy, or 4) I otherwise violate the policy.

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I hereby CONSENT to the administration of the drug test and to the terms and conditions of the CONSENT AGREEMENT.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**\*\*\*NOTE: Applicants for employment at C & M Roadbuilders, Inc., who refuse drug testing for illegal drugs or alcohol, will, under no circumstances, be considered for employment.**

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**Driver's Consent Form**

Date \_\_\_\_\_

I, \_\_\_\_\_, understand that FLORIDA MVR SERVICES, INC. will obtain copies of my driving record from the Department of Motor Vehicles for the purpose of underwriting automobile insurance. I hereby consent to FLORIDA MVR SERVICES, INC. releasing such information to C & M Roadbuilders, Inc. I understand that C & M Roadbuilders, Inc. shall use such driving records in determining whether to initiate or continue my driving status with C & M Roadbuilders, Inc. This consent shall be a continuing consent throughout the period which I am an applicant for employment with, or an employee of C & M Roadbuilders, Inc.

(Please Print)

Name as on Driver's License \_\_\_\_\_

License Number \_\_\_\_\_

State of License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

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