

EMPLOYMENT EXPERIENCE:

ALL FORMER JOBS (List most recent job first.) Account for all time periods including **unemployment, self-employment and military service.** (Attach separate paper(s), if necessary.)

Employer	Dates Employed (From / To)	Work Performed
Address		
Job Title	Hourly Rate / Salary (Starting / Final)	
Immediate Supervisor	Telephone No. ()	
Reason for Leaving		

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Have you ever been dismissed or forced to resign from any employment? Yes No If Yes, please explain.

IN CASE OF EMERGENCY, NOTIFY:

Name	Phone Number	Relationship
Address		City / State

Do you have transportation to work? Yes No

Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No If Yes, explain:

Do you have any friends or relatives who work here? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

Spouse: _____
Name Address Where Employed

Are you now employed? Yes No Are you on a layoff? Yes No Are you subject to recall? Yes No

May we contact your present Employer? Yes No Previous Employers? Yes No

Please identify any exceptions and reasons for not contacting prior employers: _____

CHARACTER REFERENCES:

List three persons not related to you, whom you have known at least one year.

	NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List below any other information or remarks that you wish to have considered as a part of your application for employment.

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 dates: _____

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the employer from any liability as a result of such contact. I understand that misrepresentation, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. And of course, an employee may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

I agree in advance if there is a workmens' compensation or health claim, I the undersigned agree to an illegal substance and alcohol testing and understand that if I test positive my benefits, if any, will be severely cut or none at all.

Signature _____ Date _____

This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.



License No. CGC031692
Tel: 863-773-3839/Fax: 863-773-3214
401 South Sixth Avenue, Wauchula, Florida 33873

____/____/____
Date

Employee

L. Cobb Construction, Inc.
Employer

Street Address

401 S. 6th Avenue
Street Address

City, State, Zip Code

Wauchula, FL 33873
City, State, Zip Code

To Whom It May Concern:

Consumer reports and background checking may be done as part of the evaluation of my job application/employment. The reports may be procured from any source selected by my employer and may include my driving record, an assessment of my insurability under L. Cobb Construction, Inc., insurance coverage's, drug and alcohol testing and other types of background checks. By signing this disclosure, I hereby authorize L. Cobb Construction, Inc., to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature of Applicant/Employee

____/____/____
Date of Birth

Print Name of Applicant/Employee

Drivers License Number

____/____/____
Social Security Number

FEDERAL BACKGROUND SERVICES REQUEST FORM

PHONE NO: 863-773-3839
CO: L COBB CONSTRUCTION, INC.
CONTACT: ILEANA/ CLAY
FAX NUM: HR@LCOBBCONSTRUCTION.COM
E-MAIL: CLAY@LCOBBCONSTRUCTION.COM

FEDERAL BACKGROUND SERVICES
PHONE 561-969-9966
FAX 561-969-9988

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

MAIDEN _____ D.O.B _____ SOCIAL SEC # _____ SEX _____

SEARCHES REQUESTED

- | | |
|--|--|
| <input type="checkbox"/> FLORIDA CRIMINAL HISTORY FDOC (Includes sexual predator/offender) | <input type="checkbox"/> SOCIAL SECURITY VERIFICATION
ALIEN # _____ DOC TYPE _____ |
| <input type="checkbox"/> FLORIDA CRIMINAL HISTORY FDLE | |
| <input type="checkbox"/> NON-FL CRIMINAL HISTORY(STATE) _____
COUNTY, CITY OR ZIPCODE _____ | <input type="checkbox"/> FLORIDA WORKERS' COMP HISTORY |
| <input type="checkbox"/> FL DRIVERS LIC HIST 3 YEAR
FL DL # _____ | <input type="checkbox"/> FLORIDA SEXUAL OFFENDER / PREDATOR |
| <input type="checkbox"/> FL DRIVERS LIC HIST 7 YEAR
FL DL # _____ | <input type="checkbox"/> NATIONWIDE CRIMINAL CHECK (Includes A 50 State sexual predator/offender Search) |
| <input type="checkbox"/> EDUCATION VERIFICATION
**CALL FOR VERIFICATION FORM | <input type="checkbox"/> NATIONWIDE SEXUAL OFFENDER |
| <input type="checkbox"/> EMPLOYMENT VERIFICATION
CONTACT NAME: _____
PHONE NUMBER: _____ | <input type="checkbox"/> OUT OF STATE DRIVER LIC. HIST _____
NON FL DL # _____ |
| <input type="checkbox"/> INTERPOL WORLDWIDE CRIMINAL | <input type="checkbox"/> CREDIT HISTORY INDIV. PRESENT ADDRESS _____
CITY, STATE, ZIP _____ |
| <input type="checkbox"/> VEHICLE TAG SEARCH _____ | <input type="checkbox"/> JOINT CREDIT HISTORY |
| | <input type="checkbox"/> SPOUSE NAME _____
SPOUSE SOCIAL _____ |
| | <input type="checkbox"/> OTHER _____ |

PACKAGE OPTIONS (PLEASE FILL IN INFORMATION ABOVE)

<input type="checkbox"/> PACKAGE #1 FDLE CRIMINAL HISTORY NATIONWIDE CRIMINAL RECORDS SOCIAL SECURITY VERIFICATION FL WORKERS COMP	<input type="checkbox"/> PACAKGE #2 FDOC CRIMINAL HISTORY NATIONWIDE CRIMINAL RECORDS SOCIAL SECURITY VERIFICATION FL WORKERS COMP
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CHECK OFF SEARCHES REQUESTED
 SIGNATURE REQUIRED TO PROCESS REQUEST

Please Fax Release form to 561-969-9988

I hereby authorize FEDERAL BACKGROUND SERVICES, INC. To perform any all necessary searches for the above named company
 SIGNATURE _____ DATE _____