

Dana Site Development & Paving, Inc.
3408 17th Street East
Palmetto, Florida 34221

APPLICATION FOR EMPLOYMENT

(Valid only for 90 days)

Position(s) Applied For _____ Salary Required _____

Please answer all questions. Resumés are not accepted in lieu of completion of this application.

Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions.

LAST NAME (PLEASE PRINT OR TYPE)	FIRST	MIDDLE	DATE
PRESENT ADDRESS: STREET		CITY/STATE	ZIP CODE TELEPHONE NUMBER

Are you a U.S. Citizen, U.S. national, lawful permanent resident, lawful temporary resident or applicant therefore, asylee, or refugee? (The term "lawful temporary resident" does not refer to non-immigrants holding short-term Visas issued by the U.S. Consulates abroad, such as B, F, or H-1B Visas.) Yes No

If No, please state your current non-immigrant status: _____

If No, please also provide the date when this status expires, if any: _____

Have you been convicted of any crime? Yes No

If Yes, give dates and explain. (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment. _____

Are you over 18 years of age? Yes No If No, please state your age for child labor purposes. _____

EDUCATIONAL DATA

School	Print or Type Name, Number, Street Address, City, State, and Zip Code of Each School	No. of Years Completed	Degree <input type="checkbox"/> Diploma or <input type="checkbox"/> GED	Major Course of Study
High School				
College				
Graduate School				
Trade, Business, Night or Correspondence				
Other, Specialized Training				

Other Skills: List any other job-related skills, qualifications, honors received, or licenses that support your application.

Membership in organization/professional groups that, in your opinion, have a direct bearing on the position you are seeking.

NOTE: This publication is not a part of your policy. The information contained in this publication is provided for informational purposes only and does not attempt to identify all potential hazards or remedial actions. The information provided is only to assist you in your compliance and loss control efforts. FCCI Insurance Group* shall not be liable for any loss, death, damage or expense arising out of the use of the suggested loss control measures. FCCI Insurance Group* makes no representations and provides no legal advice regarding federal or state requirements. There may be additional federal and state requirements with which you are required to comply that are not contained in this material. You are solely responsible for complying with federal and state laws, including compliance with any changes in the law, and for the safety of your operations. If you have question or concerns regarding legal compliance please consult your legal adviser.

*The FCCI Insurance Group includes the following insurance carriers: FCCI Insurance Company, FCCI Commercial Insurance Company, National Trust Insurance Company, Monroe Guaranty Insurance Company, and Brierfield Insurance Company.

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military experience. If known by any other name, please indicate.

1. EMPLOYER		FROM	TO	WORK PERFORMED
ADDRESS				
JOB TITLE		SALARY		
		START	FINAL	
SUPERVISOR	CONTACT PHONE NUMBER			
REASON FOR LEAVING				
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. EMPLOYER		FROM	TO	WORK PERFORMED
ADDRESS				
JOB TITLE		SALARY		
		START	FINAL	
SUPERVISOR	CONTACT PHONE NUMBER			
REASON FOR LEAVING				
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. EMPLOYER		FROM	TO	WORK PERFORMED
ADDRESS				
JOB TITLE		SALARY		
		START	FINAL	
SUPERVISOR	CONTACT PHONE NUMBER			
REASON FOR LEAVING				
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. EMPLOYER		FROM	TO	WORK PERFORMED
ADDRESS				
JOB TITLE		SALARY		
		START	FINAL	
SUPERVISOR	CONTACT PHONE NUMBER			
REASON FOR LEAVING				
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SAMPLE

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

Are you now employed? Yes No Are you on layoff and 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:

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

Will you work overtime if asked? Yes No

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

Name _____ Relationship _____

Name _____ Relationship _____

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

How did you learn about career opportunities at _____? (check all that apply)

Referral _____
(NAME OF PERSON WHO REFERRED YOU)

Newspaper _____
(NAME OF NEWSPAPER)

Radio _____
(NAME OF RADIO STATION)

Internet _____
(WEBSITE)

Temporary Service _____
(NAME OF SERVICE)

Employment Agency _____
(NAME OF AGENCY)

Other _____
(PLEASE EXPLAIN)

Have you been interviewed here before? Yes No

If Yes, give date: _____

Have you ever been employed here before? Yes No

If Yes, give dates: _____

Other name(s) used: _____

Date available to start employment: _____

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NOTICE TO APPLICANTS

We comply 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.

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

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination.
_____(Applicant's initials)

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the company with or without notice to me of such amendment, modification, or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of the company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the company's president.
_____(Applicant's initials)

I certify that all information given on this employment application; any resume that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand the company will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____(Applicant's initials)

APPLICANT'S SIGNATURE

(PLEASE PRINT OR TYPE NAME)

DATE

NOTICE TO EMPLOYERS: All employers should seek legal counsel prior to using the following sample Disclosure and Acknowledgement Release to ensure compliance with federal and state civil rights and labor laws. FCCI Insurance Group and its affiliated companies cannot provide legal advice and assume no liability whatsoever for the use of the Disclosure and Acknowledgement Release.

DISCLOSURE AND ACKNOWLEDGEMENT RELEASE

(As required by the 1999 FCRA Section 606a)

I, _____, hereby authorize Dana Site Development & Paving, Inc.
YOUR COMPANY
 and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written pertaining to me to Dana Site Development & Paving, Inc.
YOUR COMPANY or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Dana Site Development & Paving, Inc.
YOUR COMPANY the Social Security Administration, its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Should an investigative consumer report be requested, I will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act.

 SIGNATURE OF APPLICANT

 PRINT OR TYPE NAME

 DATE SIGNED

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AUTHORIZATION FORM

I, _____, hereby authorize Dana Site Development & Paving, Inc.
YOUR COMPANY
and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

Print Name: _____
(FIRST) (MIDDLE) (LAST) (MAIDEN)

Former Name(s) and Dates Used: _____

Please list all addresses for the last (5) years:

Current Address Since: _____
(MO/YR) (STREET, CITY, STATE, ZIP)

Previous Address Since: _____
(MO/YR) (STREET, CITY, STATE, ZIP)

Previous Address Since: _____
(MO/YR) (STREET, CITY, STATE, ZIP)

Date of Birth: ___ / ___ / ___ Social Security Number: _____

Drivers License Number: _____ State: _____

- High School Diploma
- GED
- Completed College Degree Achieved: _____

Name of School Attended: _____

City and State: _____

Did You Graduate? Yes No Year Graduated: _____

List any additional professional designations: _____

SIGNATURE OF APPLICANT PRINT OR TYPE NAME DATE SIGNED

Notice to Applicants

This Notice should be included in any application for employment. It should also be posted in an appropriate and conspicuous location on your premises and be available in your personnel office for inspection by the general public during regular business hours.

This form should be provided and completed by an applicant at the time of the employment application.

Dana Site Development & Paving, Inc. (The Company) has established and maintains a drug-free workplace Program. This drug-free workplace Program is in conformity with chapter 440.102, Florida Statutes, its implementing regulations, and Federal law.

As part of this Program, offers of employment are expressly conditioned upon passing a drug test. In addition, employees of the Company may be subject to drug testing under those conditions outlined in the Company's Drug and Alcohol Policy Statement.

For a person receiving a conditional offer of employment, failure of a drug test or refusal to submit to drug testing when required by the Company shall cancel or terminate any job offer. For an employee, failing a drug test or refusing to submit to a drug test will result in action against an employee up to and including termination of employment.

A person who receives a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer (MRO) both before and after being tested regarding the use of prescription or non-prescription medications. Additionally, a job applicant shall receive a list of common medications which may alter or affect a drug test. A job applicant will also be given names, addresses, and telephone numbers of local alcohol and drug rehabilitation programs.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within five working days after written notification of the test result. A job applicant will also have an opportunity to request a retest at the job applicant's expense. If a job applicant's explanation or challenge is unsatisfactory, the job applicant may contest the drug test results pursuant to rules adopted by the Department of Labor and Employment Security or the Florida Agency for Health Care Administration.

The job applicant also has the responsibility to notify the laboratory or clinic conducting the drug test of any administrative or civil action brought involving the drug test conducted by that laboratory or clinic.

The job applicant also has a right to consult the testing laboratory or clinic for technical information regarding prescription and non-prescription medication. In addition, each job applicant will be given a list prior to administration of the drug tests of the substances to be tested. All test results will remain confidential except as allowed by law. The Company will provide each job applicant with a copy of the Company's Drug and Alcohol Abuse Policy Statement prior to the administration of a drug test.

Nothing in this Notice will affect these rights provided in any collective bargaining agreement between the Company and its employees. Refusal to complete or sign this document will result in a withdrawal of any offer of employment.

Name of Company Dana Site Development & Paving, Inc.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Witness: _____