



EMPLOYMENT APPLICATION

CPR Contracting, (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL INFORMATION:

Last Name	First	Middle Initial	Social Security #
Other Name(s) Used			Home Telephone #
Address	Apartment/Unit#	City/State/ZIP	Date of Birth
Position Applying For	Referred By		Pay Rate Desired
Are you a citizen of the United States?		Yes or No	If not, are you authorized to work in the U.S.?
Have you been convicted of a felony before?		Yes or No	If yes, please explain
Have you ever been employed by the Company or its affiliates before? Yes or No			If yes, list date(s), job title(s) & location(s)
Do you have any relatives employed by the Company or its affiliates?		Yes or No	If yes, list date(s), job title(s) & location(s)

EMPLOYMENT HISTORY:

List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From:	Employer Name:	Supervisor Name:	Starting Salary:
Employed Until:	Employer Address	Supervisor Phone #:	Ending Salary:
Job Title:		Reason for Leaving:	
Duties & Responsibilities:			
Duties & Responsibilities:			

INTERNAL USE ONLY:

Forms Received:

- Application Complete
- Driver's License/ID
- W-4
- I-9
- Direct Deposit Form
- PPE Form
- Employee Handbook Signed

11468 New Berlin Road
Jacksonville, FL 32226
(904)723-3500



GENERAL

May we contact your current employer for references? Yes or No

If hired, will you be able to work overtime? Yes or No

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
Yes or No

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A yes response does not automatically disqualify your application.) Yes or No

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form 1-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

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Background Consent/Release Form

Applicant's Name (printed) _____

Social Security # _____ - _____ - _____ Date of Birth _____

Driver's License# _____

Applicant's Address _____

City _____ State _____ Zip _____

I _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- **Social Security Verification**
- **Motor Vehicle Records ran by Construction Underwriters**
- **Drug Screen**

I hereby consent to submit to urinalysis and/or other tests as shall be determined by CPR Contracting in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that CPR Contracting, LLC may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the Company. I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name (legibly): _____ Date: _____

Signature: _____