



Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Social Security No.		Driver License #		Make, Model & Year of Vehicle	
Do you have Dependable Transportation? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Date Available		Desired Salary		Do you receive Text Messages? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, on what number	
Position For Which You Are Applying					
Are you 18 years or older? YES <input type="checkbox"/> NO <input type="checkbox"/>			Date of Birth		
Do you have any physical Limitations? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/>			If Yes, Explain		
Can you lift 50 lbs? YES <input type="checkbox"/> NO <input type="checkbox"/>			If No, Explain		
Work Injuries? YES <input type="checkbox"/> NO <input type="checkbox"/>			If Yes, Explain		
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, please explain below. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation (attach additional sheets if necessary)			
In Case of Emergency Notify				Phone	
EDUCATION					
High School 9 10 11 12 Please Circle Highest Completed					
College From To		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree	
Other					

PREVIOUS EMPLOYMENT FOR THE LAST 5 YEARS OR ATTACH RESUME IF AVAILABLE		
Employer	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
PREVIOUS EMPLOYMENT (LAST 5 YEARS)		
Employer	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
PREVIOUS EMPLOYMENT (LAST 5 YEARS)		
Employer	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
PREVIOUS EMPLOYMENT (LAST 5 YEARS)		
Employer	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		
DISCLAIMER AND SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand there is a 90 day probation period and any false or misleading information in my application or interview may result in my release		
Signature	Print Name	Date
Witness	Print Name	Date

1. Have you ever had or been treated for any of the following conditions or diseases? (Please write YES or NO to each of the following. DO NOT use ditto marks or arrows to designate your answer)

YES or NO

- | | |
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| <ul style="list-style-type: none"> • Epilepsy (Seizures or convulsions) _____ • Diabetes (Excessive sugar in blood or urine) _____ • Cardiac Disease (Heart trouble) _____ • Amputation of foot, leg, arm or hand _____ • Total loss of sight of one or both eyes or a partial loss of connected vision of more than 75% bilaterally _____ • Residual disability from poliomyelitis (polio) _____ • Cerebral palsy (incoordination & speech disturbance) _____ • Multiple sclerosis (hardened tissue in the brain) _____ • Parkinson’s disease (marked tremors, weakness) _____ • Hemophilia (delayed clotting of blood) _____ • Chronic osteomyelitis (bone infection) _____ • Hyperinsulinism (low blood sugar) _____ • Muscular dystrophy (hereditary progressive muscle wasting) _____ • Thrombophlebitis (inflammation of a vein with a blood clot formed in the vein) _____ • Herniated intervertebral disk (slipped disk) _____ • Surgical removal of an intervertebral disk or spinal fusion _____ • Total deafness _____ • Mental retardation _____ • Meniscectomy (knee surgery) _____ • Patellectomy (removal of knee cap) _____ • Ruptured cruciate ligament (torn ligament in the knee) _____ • Surgical or spontaneous fusion of a major weight bearing joint _____ • One or more back injuries or diseased process of the back resulting in disability over a total of 120 or more days _____ • Chronic Cough _____ • Shortness of breath _____ • Nervous breakdown _____ | <ul style="list-style-type: none"> • Prior Industrial accidents with this company or affiliated company _____ • Any permanent physical condition which constitutes a 20% impairment of a member of the body as a whole _____ • Rheumatic fever (Fever, inflamed joints) _____ • High blood pressure _____ • Varicose veins or leg ulcer (Enlarged veins or open sores) _____ • Chest Pain _____ • Tuberculosis (Consumption) _____ • Allergies (Sneezing, Itching, skin rashes) _____ • Hay fever (Sneezing and red, itchy watery eyes or asthma (labored breathing with wheezing) _____ • Skin trouble _____ • Reaction to serum or drug _____ • Kidney or bladder trouble _____ • Ulcers _____ • Head injury _____ • Cancer _____ • Dizziness or fainting spells _____ • Arthritis or rheumatism _____ • Knee injury _____ • Backache _____ • Shoulder injury _____ • Alcoholism _____ • Drug addiction _____ • Severe headaches _____ • Mental illness, psychiatric treatment or professional counseling _____ |
|--|---|

2. Please list any condition, injury, or disease for which you have been treated for in the past 3 years. In no treatment has been provided, state "none" _____

3. Have you ever been hospitalized? If so, for what condition? If you have not been hospitalized state "none." _____

4. Have you ever been treated by a psychiatrist or a psychologist? If so, for what condition? If no such treatment has been received state "none" _____

5. Have you ever been treated for any mental condition? If no such treatment has been received state "none" _____

6. Is there any health-related reason you may not be able to perform the job for which you are applying? If yes, please explain. _____

7. Have you had a major illness in the last 5 years? If none, state "none" _____

8. How many days were you absent from work because of illness last year? If none, state "none" _____

9. Do you have any physical defects, which preclude you from performing certain kinds of work? If yes, describe such defects and specific work limitations. If none state "none." _____

10. Do you have any disabilities or impairments, which may affect your performance in the position for which you are applying? _____

11. Are you taking any prescribed drugs? If yes, state the medications and the reason for taking it. If no medications are being taken, state "none" _____

12. Have you ever been treated for drug addiction or alcoholism? If yes identify the medical care provider and dates of treatment. If no treatment has been provided, state "none." _____

13. Have you ever received benefits or settlements from workers' compensation insurance? Give details. If no, state "none" _____

I declare that the facts reported herein are true to the best of my and that any false or misleading statement or information I make could result in administrative action up to and including termination and/or refusal of employment. In addition, I also understand that after employment should I be subsequently aggravate a pre-existing condition for which I have not supplied truthful information, I may not be eligible to receive Workers' Compensation benefits.

Witness

Applicant of Employment

Date



"Drug Free Workplace"
PRE-EMPLOYMENT DRUG TESTING POLICY

Consistent with this company's policy opposing drug abuse, we have implemented a pre-employment drug testing policy.

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing a consent agreement will release the company from liability.

Any applicant with a positive test results will be denied employment at that time, but may initiate another inquiry with the company after 6 months.

The company will not discriminate against applicant for employment because of past abuse of drugs. It is the current abuse of drugs which prevents employees from properly performing their jobs that the company will not tolerate.

Robert Boback
President

Raymow Construction Company, Inc.
101 Dunbar Avenue Suite F Oldsmar, FL 34677
(813) 855-8484 Fax (813)854-5788



RAYMOW CONSTRUCTION COMPANY, INC
PRE-EMPLOYMENT DRUG TESTING CONSENT AND
RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Raymow Construction Company, Inc. In the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Lakeside Medical 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 further agree to hold harmless the company and its agents (including Lakeside Medical) from any liability arising in whole or in part, out of the collections of specimens, testing, and use of the information for said testing in connection with the company's consideration of my application of my 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 fully 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.

Applicant:
Print Name _____ S.S # _____

Applicant:
Signature _____ Date _____

Witness Printed Name _____

Witness Signature _____

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