

CONDOTTE AMERICA, INC.
Application for Employment
Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, veterans status, genetic traits, medical condition, disability, or any other protected category.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this Applicant Data Record. We appreciate your cooperation on this matter.

This information is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from the application for employment.

PLEASE PRINT:

NAME: _____ DATE: _____

ADDRESS: _____

POSITION APPLIED FOR: _____

REFERRAL SOURCE: ___ Advertisement ___ Friend ___ Relative
 ___ Employment Agency ___ Walk in
 ___ Other: _____

=====

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about handicap is voluntary.

CHECK ONE: ___ MALE ___ FEMALE

CHECK ONE OF THE FOLLOWING:

___ WHITE ___ BLACK ___ HISPANIC ___ ASIAN/PACIFIC
___ AMERICAN/INDIAN/ALASKAN NATIVE ___ ASIAN / PACIFIC ISLANDER

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

___ VIETNAM ERA VETERAN ___ DISABLED VETERAN ___ HANDICAPPED INDIVIDUAL

=====

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.

Government contractors are subject to Section 403 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 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 information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safer manner. This information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

___ VIETNAM ERA VETERAN ___ DISABLED VETERAN ___ HANDICAPPED INDIVIDUAL

SIGNED: _____

DATE: _____

CONDOTTE AMERICA, INC.

Application For Employment

APPLICANTS WILL BE TESTED ACCORDING TO DRUG POLICY

PLEASE COMPLETE ALL PAGES

Name _____
Last First Middle DATE

Present address _____
Number Street City State Zip

How long at above address _____ Social Security No. _____ - _____ - _____

Telephone: () _____ If under 18, please list age _____

Position applied for _____ Date of Birth _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE COMPLETED
Grammar School				
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime or received a verdict of anything other than "not guilty" in any criminal investigation or proceeding? _____ Yes _____ No. If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation (use a separate sheet if necessary). Note: A conviction for a crime will not necessarily disqualify you from employment.

Are you legally eligible for employment in this country? _____ Yes _____ No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? _____ Yes _____ No

CONDOTTE AMERICA, INC.

DO YOU HAVE A **VALID** DRIVER'S LICENSE? Yes No What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any driving accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

If Driver's License is suspended or invalid, please provide reason:

CONDOTTE AMERICA, INC.

APPLICATION FOR EMPLOYMENT

				If applying for office work only					
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM		
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other Skills	_____					

REFERENCES

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

CONDOTTE AMERICA, INC.

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____

Address _____

City, State, Zip Code _____

Phone number _____

Name of last supervisor	Employment dates	Pay or salary
	From To	Start Final
Your last job title		

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____

Address _____

City, State, Zip Code _____

Phone number _____

Name of last supervisor	Employment dates	Pay or salary
	From To	Start Final
Your Last Job Title		

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

CONDOTTE AMERICA, INC.

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

CONDOTTE AMERICA, INC.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Condotte America, Inc.** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **Condotte America, Inc.**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and **Condotte America, Inc.** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, genetic traits, medical condition, disability, or any other protected category.

We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

CONDOTTE AMERICA, INC.

PHYSICAL AND PRIOR SICKNESS STATEMENT

Name _____ Social Security Number _____

 Last, First, MI

Address _____ City _____ State _____ Zip _____

Do you have or have you ever had any of the following? (Please check each of the following Yes or No. Any answer year must be fully explained below.) Answer ALL questions.

Illness	Y	N	Illness	Y	N
Epilepsy			Cerebral Palsy		
Diabetes (sugar problems)			Multiple Sclerosis		
Cardiac Disease			Back Pain or Back Surgery		
Marie Strumpet Disease			Parkinson's Disease		
Stiff Joints			Allergies		
Herniated Inter-vertebral Disc			Vascular Disorder Circulation		
Hypoglycemia			Arthritis		
Hemophilia or other blood disease			Psychiatric or Psychological (treatment evaluation)		
Muscular Dystrophy			Polio		
Any Amputation			Osteomyelitis		
Thrombophlebitis			Any loss of vision		
Any mental disability			Any loss of mobility range		
Any previous concussions			Any loss of consciousness		

Have you ever received treatment for any back, neck or knee condition or head injury?

Do you now or have you ever suffered from aches or pains of the back? _____

Have you ever had any surgery? _____

Do you now or have you ever had any physical disabilities, impairments or handicaps?

Have you ever had any workers' compensation injury? _____

Have you ever received any disability rating for any reason? _____

CONDOTTE AMERICA, INC.

Have you ever received any compensation or medical benefits under workers' compensation?

Explain fully any YES answers: (Use other side of page if necessary.) _____

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am required to report that injury immediately to my immediate supervisor and to the field office. Failure to do so will be sufficient reasons for denial of benefits under the Florida Workers' Compensation Act, and is a basis for termination of employment

YES () NO ()

I certify the above answers to be true and correct. I understand that any false or misleading answers to these questions will be sufficient reasons for denial of benefits under the Florida Workers' Compensation Act, and basis for termination for employment. I also understand that my answers will be verified by investigation.

Applicant's Signature _____ Date _____

Witness Signature _____ Date _____

Note: If applicant is unable to read and write he/she is to make their mark in the place for their signature. The witness is to certify that he has read the above requested information to the applicant and that the answers are those of the applicant. Sign in the space for witness to certify.