

Cobb Site Development  
**APPLICATION FOR EMPLOYMENT**  
 (Valid for only 90 days)

An Equal Opportunity Employer

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

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

\_\_\_\_\_  
 Last Name (Please Print)                      First                      Middle                      Social Security Number                      Date

\_\_\_\_\_  
 Present Address                      Street                      City/State                      Zip Code                      Telephone Number

Position applying for \_\_\_\_\_

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?  Yes  No

Have you **ever** been convicted of a felony?  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 under 18 years old, date of birth \_\_\_\_\_

**EDUCATIONAL DATA**

School	Print Name, Number and Street, City, State and Zip Code for each School	No. of Yrs. Completed	Degree	Major Course of Study
High School	_____			
	_____			
College	_____			
	_____			
Graduate School	_____			
	_____			
Trade, Bus., Night, or Corres.	_____			
	_____			
Other	_____			
	_____			

Other skills: List any other job-related skills or qualifications that support your application. \_\_\_\_\_

Honors Received: \_\_\_\_\_

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?  Yes  No. If **Yes**, identify names and relevant dates.

Have you had prior educational experience which relates to the job for which you are applying?  Yes  No

If **Yes**, describe:

Are you a veteran of the U.S. Military Service?  Yes  No. If Yes, what branch of Service? \_\_\_\_\_

If Yes, beginning date and ending date of active duty: From: \_\_\_\_\_ Yr/Mo To: \_\_\_\_\_ Yr/Mo

Date of Discharge from Military Service: \_\_\_\_\_

## 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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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.

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<b>IN CASE OF EMERGENCY, NOTIFY:</b>		
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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**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 \_\_\_\_\_

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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.

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# 3<sup>rd</sup> Party Consent Form

I hereby certify that my name is \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Birthdate \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(MMDDYYYY)

Driver's License Number \_\_\_\_\_

I hereby authorize \_\_\_\_\_ and **Construction Underwriters Inc**  
(Employer) (Insurance Agency)

to obtain my driver's license record information including my personal information on those records.

\_\_\_\_\_  
Signature (Date)

**FEDERAL BACKGROUND SERVICES REQUEST FORM**

**PHONE NO:** 863-773-3839  
**CO:** COBB SITE DEVELOPMENT, 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 )<br><input type="checkbox"/> FLORIDA CRIMINAL HISTORY FDLE<br><input type="checkbox"/> NON-FL CRIMINAL HISTORY(STATE) _____<br>COUNTY, CITY OR ZIPCODE _____<br><input type="checkbox"/> FL DRIVERS LIC HIST 3 YEAR<br>FL DL # _____<br><input type="checkbox"/> FL DRIVERS LIC HIST 7 YEAR<br>FL DL # _____<br><input type="checkbox"/> EDUCATION VERIFICATION<br>**CALL FOR VERIFICATION FORM<br><input type="checkbox"/> EMPLOYMENT VERIFICATION<br>CONTACT NAME: _____<br>PHONE NUMBER: _____<br><input type="checkbox"/> INTERPOL WORLDWIDE CRIMINAL<br><input type="checkbox"/> VEHICLE TAG SEARCH _____ | <input type="checkbox"/> SOCIAL SECURITY VERIFICATION<br>ALIEN # _____ DOC TYPE _____<br><input type="checkbox"/> FLORIDA WORKERS' COMP HISTORY<br><input type="checkbox"/> FLORIDA SEXUAL OFFENDER / PREDATOR<br><input type="checkbox"/> NATIONWIDE CRIMINAL CHECK (Includes A 50 State sexual predator/offender Search)<br><input type="checkbox"/> NATIONWIDE SEXUAL OFFENDER<br><input type="checkbox"/> OUT OF STATE DRIVER LIC. HIST _____<br>NON FL DL # _____<br><input type="checkbox"/> CREDIT HISTORY INDIV.<br>PRESENT ADDRESS _____<br>CITY, STATE, ZIP _____<br><input type="checkbox"/> JOINT CREDIT HISTORY<br><input type="checkbox"/> SPOUSE NAME _____<br>SPOUSE SOCIAL _____<br><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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