APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Application Date:

PERSONAL INFORMATION

Name:

Last Name First Name
Middle

Address:

Street City State
Zip

Home Phone: ( ) Business Phone: ( )
Social Security Number: - - Are you 18 years or older? yes no
Are you legally eligible to work in the U.S? yes no *(If hired, you will be required to produce evidence.)*
Do you have a valid driver's license? yes no If yes,

Number State
Expire

Have you ever been convicted of a felony or misdemeanor, including minor traffic offenses that would be considered minor misdemeanors? yes no *(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature, date, surrounding circumstances and relevance of the offense to the position for which you are applying will be taken into consideration. False information could be grounds for termination.)* If yes, please state the nature of the crime(s), when and where convicted, and disposition of the case(s):

POSITION YOU ARE APPLYING FOR

Position Title: Salary Requirement $ per
Date you can Start Are you seeking Full-Time Part-Time Temporary employment
Are you employed Now? yes no If yes, may we contact your present employer? yes no

EDUCATIONAL BACKGROUND

Education & Training	years	Major	Name and Location of School	# Degree
High School				
College				
Graduate School				
Trade School				
Other				

SPECIAL TRAINING, SKILLS, EXPERIENCE Do you have any special training, skills, or experience that is relevant to the position for which you are applying? yes no If yes, please describe:

EMPLOYMENT HISTORY

From: To: Company
Business Type Address:
Salary $ per Additional Compensation
Description of Responsibilities:
Reason For Leaving:

From: To: Company
Business Type Address:
Salary $ per Additional Compensation
Description of Responsibilities:
Reason For Leaving:

From: To: Company
Business Type Address:
Salary $ per Additional Compensation
Description of Responsibilities:
Reason For Leaving:

BUSINESS REFERENCES

Name: Company:
Position: Phone No: ( ) # Yrs known:

Address
Street City State Zip Code

Name: Company:
Position: Phone No: ( ) # Yrs known:

Address
Street City State Zip Code

Name: Company:
Position: Phone No: ( ) # Yrs known:

Address
Street City State Zip Code

Signature of Applicant *Date*

MEDICAL QUESTIONNAIRE

Name of employer Gulf Atlantic Electrical Constructors, Inc.

Name of employee _____

Employee's Social Security no. _____ **Height** _____ **Weight** _____

1. Do you now have, or have you ever had, any of the following?

Yes	No		Yes	No	
❑	❑	Epilepsy (convulsions, seizures)	❑	❑	Surgical or spontaneous fusion of a major weight-bearing joint (frozen joint)
❑	❑	Diabetes (medication? ❑ Yes ❑ No)	❑	❑	Hyperinsulinism
❑	❑	Cardiac (heart) disease	❑	❑	Muscular dystrophy
❑	❑	Meniscectomy (inflammation of cartilage of certain joints—e.g., knee)	❑	❑	Thrombophlebitis
❑	❑	Amputation of foot, leg, arm or hand	❑	❑	Herniated intervertebral disk
❑	❑	Total loss of sight of one or both eyes, or a partial loss of corrected vision of more than 75% bilaterally	❑	❑	Surgical removal of an intervertebral disk, or spinal fusion
			❑	❑	Total deafness
❑	❑	Polio (poliomyelitis)	❑	❑	One or more back or neck injuries or a disease process of the back or neck, substantiated by a doctor's opinion and resulting in disability over a total of 120 or more days
❑	❑	Cerebral palsy			
❑	❑	Multiple sclerosis			
❑	❑	Parkinson's disease	❑	❑	Obesity (30% overweight)
❑	❑	Patellectomy (surgically removed kneecap)	❑	❑	Other _____
❑	❑	Ruptured cruciate ligament (knee ligament)			_____
❑	❑	Hemophilia			_____
❑	❑	Chronic osteomyelitis (infection in bone)			

2. Have you previously received workers' compensation for an on-the-job injury? ❑ Yes ❑ No *If yes, please write why, when and where.**

3. Have you ever received a disability rating or had one assigned to you by an insurance company or state/federal agency? ❑ Yes ❑ No
If yes, state percentage: _____%.

4. Have you ever injured or sprained your back? ❑ Yes ❑ No *If yes, did you have surgery?* ❑ Yes ❑ No *If yes, please give details.**

5. Have you ever injured or sprained your neck? ❑ Yes ❑ No *If yes, did you have surgery?* ❑ Yes ❑ No *If yes, please give details.**

6. Have you ever injured or sprained a knee? ❑ Yes ❑ No *If yes, did you have surgery?* ❑ Yes ❑ No *If yes, please give details.**

7. Have you ever had any other type of surgery not mentioned above? ❑ Yes ❑ No *If yes, please give details.**

8. Do you have arthritis? ❑ Yes ❑ No *If yes, what parts of the body are affected?** _____
Are you on medication for arthritis? ❑ Yes ❑ No

The information on this form shall not be used to discriminate against a qualified individual with a disability because of the existence of the disability in regard to the following: job application procedures; hiring, advancement or discharge of the employee; employee compensation; job training; and other terms, conditions and privileges of employment.

Under penalty of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Employee's signature X _____ **Date** _____

Employer's signature _____ **Position** _____ **Date** _____

* If you need more space to give further explanation and details