



DICKERSON

FLORIDA, INC.

A COMPANY OF THE DICKERSON GROUP, INC.

APPLICATION FOR EMPLOYMENT

ATTENTION APPLICANT: DICKERSON FLORIDA, INC. REQUIRES ALL APPLICANTS TO BE WILLING TO SUBMIT TO A DRUG TEST.

Dickerson Florida, Inc. is a corporation authorized to do business in the State of Florida, with its principal office in Fort Pierce, Florida. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status. THIS APPLICATION WILL REMAIN ACTIVE (30) DAYS. TO BE CONSIDERED AFTER THIRTY (30) DAYS, YOU WILL BE REQUIRED TO COMPLETE ANOTHER APPLICATION.

(PLEASE PRINT)

NAME: _____
Last Middle First

Current: _____ **How Long?** _____
ADDRESS: _____

Past three Years: _____ **How Long?** _____
ADDRESS: _____

Past three Years: _____ **How Long?** _____
ADDRESS: _____

HOME: _____ **SOCIAL SECURITY NUMBER:** _____

CELL: _____

Have you ever completed an application here before: () YES () NO Completed: _____

Have you ever been employed here before: () YES () NO Completed: _____

POSITION APPLIED FOR: _____

REFERENCES:

Give name, address and telephone numbers of three references who are not related to you and are not previous employers:

1 _____

2 _____

3 _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

Highest grade completed: _____ High School _____ College

Please check: Diploma GED Bachelor's Master's

High School: _____ City: _____ State: _____

Areas of Study: _____

College: _____ City: _____ State: _____

Areas of Study: _____

JOB-RELATED TRAINING IN MILITARY:

Have you ever had any job-related training in the United States military? () YES () NO

If yes, please describe:

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills & qualifications acquired from employment or other experience:

CERTIFICATIONS:

Please list any related certifications you may have obtained through training:

TO BE COMPLETED BY APPLICANTS FOR EQUIPMENT OPERATOR POSITIONS ONLY:

Indicate the **NUMBER OF YEARS** experience below by each listed piece of equipment for the position or positions for which you are applying.

Dozer Operator: _____	Paver Operator: _____	Roller, Finish: _____
Crane Operator: _____	Screed Operator: _____	Roller, Rough: _____
F/E Loader Operator: _____	Distributor Operator: _____	Motor Grader Oper: _____
Scraper/Pan Operator: _____	Broom Operator: _____	Backhoe Operator: _____
Tractor Operator: _____	Curb Machine: _____	End Dump: _____
Trachoe Operator: _____	Dragline Operator: _____	Gradall Operator: _____

Others: _____

HISTORY OF EMPLOYMENT

Please start with your present or last job. Include any job-related military service assignments and volunteer activities.

EMPLOYMENT FOR LAST 10 YEARS.

Date Available for Employment _____

Wage or Salary Expected \$ _____ per month, week, hour.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving
2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving
3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving
4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

5	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving
6	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving
7	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving
8	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.		<p style="text-align: center;">DO NOT CONTACT</p> Employer Number(s) _____ Reason _____ _____

DRIVER'S LICENSE INFORMATION:

License Number: _____ State: _____

TYPE OF D/L HOLDING: Expires: _____
() Operator () CDL Class ____ A ____ B () Permit (Month/Day/Year)

Special Provisions/Endorsements:

TRAFFIC ACCIDENTS DURING THE PAST 4 YEARS:

Location/County:	Description of Accident:	Date:	Fatalities/Injuries

TRAFFIC CONVICTIONS DURING THE PAST 4 YEARS:

Location/County:	Charge/Conviction	Date:	Penalty:

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has your license, permit or privilege ever been suspended or revoked at any time? _____

If you answered "YES" please give a detailed statement below:

TO BE COMPLETED BY TRUCK DRIVER APPLICANTS ONLY:

Driving Experience: (Must reflect the last 10 years)

Type of Equipment:	Number of Years Exp.	Approx. Mileage
Straight Truck:		
Tractor/Semi:		
Truck/Light:		
Lowboy Trailer:		
Other:		

Previous Drivers License Information: (Must reflect the past 7 years not including current)

State	License Number:	Type	Expiration Date:

HAVE YOU EVER BEEN CONVICTED OF, OR POSTED BOND FOR, ANY OF THE FOLLOWING:

- | | | |
|---|------------|-----------|
| (A) A FELONY OR MISDEMEANOR, IN WHICH A MOTOR VEHICLE WAS USED? | <u>YES</u> | <u>NO</u> |
| (B) DRIVING WHILE INTOXICATED OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? | <u>YES</u> | <u>NO</u> |
| (C) LEAVING THE SCENE OF AN ACCIDENT RESULTING IN PERSONAL INJURY OR DEATH? | <u>YES</u> | <u>NO</u> |
| (D) ANY CONTROLLED OR NONCONTROLLED DRUG-RELATED OFFENSE? | <u>YES</u> | <u>NO</u> |
| (E) ANY OTHER FELONY OR MISDEMEANOR? | <u>YES</u> | <u>NO</u> |

IF "YES," TO ANY OF THE ABOVE, EXPLAIN FULLY: _____

I CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL OF THIS APPLICATION AND THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I HAVE BEEN INFORMED OF THE JOB DESCRIPTION(S) FOR THE POSITION(S) FOR WHICH I HAVE APPLIED. I ALSO CERTIFY THAT I UNDERSTAND THAT ALL EMPLOYEES OF DICKERSON FLORIDA, INC. ARE "AT WILL," WHICH MEANS THAT AN EMPLOYEE MAY RESIGN AT ANY TIME AND THAT DICKERSON FLORIDA, INC. MAY TERMINATE AN EMPLOYEE AT ANY TIME, FOR ANY REASON, EXCEPT AS OTHERWISE PROHIBITED BY LAW.

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND HEREBY RELEASE ALL FORMER EMPLOYERS AS A RESULT OF ANY STATEMENTS THEY MAKE CONCERNING MY EMPLOYMENT WITH THEM. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION, IN ANY ATTACHED SUPPLEMENT TO THE APPLICATION, IN ANY CONDITIONAL OFFER QUESTIONNAIRE, OR IN ANY INTERVIEW WITH DICKERSON FLORIDA, INC. IS GROUNDS FOR DISMISSAL AT ANY TIME, REGARDLESS OF WHEN THE MISREPRESENTATION OR OMISSION IS DISCOVERED.

I UNDERSTAND AND AGREE THAT I MAY BE REQUESTED BY DICKERSON FLORIDA, INC. TO TAKE A TEST FOR DETECTION OF ILLEGAL DRUG USE (E.G., URINALYSIS) IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. I FURTHER UNDERSTAND THAT MY FAILURE OR REFUSAL TO TAKE SUCH A TEST WILL RESULT IN THE DENIAL OF MY APPLICATION FOR EMPLOYMENT.

SIGNATURE OF APPLICANT: _____ DATE: _____

