



Application for Employment

Revised 8/22/16

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Date _____ Position Applied For _____

Name _____ Social Security Number _____

Telephone Number _____ Email address _____

Present Address (Street, Apt. or Unit No.) _____

City / State / Zip _____ Desired Salary _____

Are you able at the time of employment to submit verification of your legal right to work in the U.S.? (Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.) Yes ___ No ___

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes ___ No ___

Type of employment desired? Full-time ___ Part-time ___ (Specify Hours) _____

Are you willing to work overtime? Yes ___ No ___ Date on which you can start _____

Are you willing to travel? Yes ___ No ___

How did you hear about our company/Referral source? _____

Have you ever applied at A-C-T before? Yes ___ No ___

If yes, when did you apply? _____ Where did you apply? _____

Florida Ready to Work Credential: Yes ___ No ___

Within the past ten (10) years, have you been convicted of a felony? (Do not include convictions that were sealed, eradicated, erased, or expunged; convictions that resulted in referral to a diversion program; or marijuana-related convictions that are more than two (2) years old.) Yes ___ No ___

If yes, please explain so that individual circumstances can be considered.

NOTE

- **Criminal convictions will not automatically disqualify an applicant from a particular job. A-C-T will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position’s functions and qualifications, the frequency of convictions, the applicant’s age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant’s entire work and educational history, and employment references and recommendations.**
- **An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within 30 days of the applicant’s request for such information.**

Have you ever initiated an act of violence in the workplace? Yes____ No____

If yes, please explain so that individual circumstances can be considered. (A yes answer will not necessarily disqualify you from employment.)_____

List special technical skills that you feel qualify you for the job for which you are applying (i.e., computer programming/language, equipment operation, special tools or machines, etc.):

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade Or Post College					

Honors Received_____

AVAILABILITY

	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>	<u>Initial</u>
To:	_____AM	_____AM	_____AM	_____AM	_____AM	_____AM	_____AM	_____
From:	_____PM	_____PM	_____PM	_____PM	_____PM	_____PM	_____PM	_____
HR	_____AM	_____AM	_____AM	_____AM	_____AM	_____AM	_____AM	_____
Verify	_____PM	_____PM	_____PM	_____PM	_____PM	_____PM	_____PM	_____

OVERNIGHT: YES NO (Please circle)

AVAILABLE TO TRAVEL: IN STATE OUT OF STATE (Please circle)

WORK EXPERIENCE

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service. **CDL drivers are required to list employment for at least 3 years and/or commercial driving experience for the past 10 years.** (Use additional pages as needed)

Employer

Name _____ Address _____ Type of Business _____
Phone _____ Dates Employed From ____ / ____ / ____ To ____ / ____ / ____
Job Title _____ Supervisor's Name _____
May we contact? Yes _____ No _____
Wages: Start ____ Final _____ Reasons for Leaving _____
Duties _____

Any gaps in employment and/or unemployment must be explained. Include dates (Month/Year) and Reason _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Employer

Name _____ Address _____ Type of Business _____
Phone _____ Dates Employed From ____ / ____ / ____ To ____ / ____ / ____
Job Title _____ Supervisor's Name _____
May we contact? Yes _____ No _____
Wages: Start ____ Final _____ Reasons for Leaving _____
Duties _____

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Employer

Name _____ Address _____ Type of Business _____

Phone _____ Dates Employed From _____ / _____ / _____ To _____ / _____ / _____

Job Title _____ Supervisor's Name _____

May we contact? Yes _____ No _____

Wages: Start _____ Final _____ Reasons for Leaving _____

Duties _____

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Phone _____ Dates Employed From _____ / _____ / _____ To _____ / _____ / _____

Job Title _____ Supervisor's Name _____

May we contact? Yes _____ No _____

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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

REFERENCES

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship (i.e., supervisor, co-worker)	Telephone #

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I understand that A-C-T may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local laws. If A-C-T has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local laws. I also understand that all employees of the location, pursuant to A-C-T's policy and federal, state, and local laws, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with A-C-T's policies and applicable federal, state, and local laws.

If employed by A-C-T, I understand and agree that A-C-T, to the extent permitted by federal, state, and local laws, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local laws, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY A-C-T, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS A-C-T IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH A-C-T AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF A-C-T AND ME.



I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF A-C-T, AND I UNDERSTAND THAT A-C-T HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize A-C-T Environmental & Infrastructure or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local laws. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local laws, any party delivering information to A-C-T Environmental & Infrastructure or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability A-C-T Environmental & Infrastructure and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

I understand A-C-T Environmental & Infrastructure hires only individuals who are legally eligible to work in the United States.

Applicant Signature _____ Date _____

Signature of A-C-T Representative _____ Date _____

If the applicant is a minor, the applicant's parent or legal guardian must sign the foregoing release and consent. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that A-C-T Environmental & Infrastructure, to the extent permitted by federal, state, and local law, can test the applicant for controlled substances, conduct inspections of property without notice, and communicate screen results to A-C-T personnel who need to know, the applicant, and the applicant's parent or legal guardian.

Parent/Legal Guardian

Witness

Date

Date

CDL DRIVER APPLICANTS

Addresses for the last 3 years	(Street Address)		
	(City)	(State)	How Long?
	(Street Address)		
	(City)	(State)	How Long?

Attach Sheet if More Space is Needed

Experience and Qualifications of Driver

Driver Licenses	State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident record for the past 3 years or more (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Number of Fatalities	Number of Injuries	Chemical Spills
				Yes No
				Yes No
				Yes No

Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations)

Location	Date	Charge	Penalty

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
2. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____



Job Application Authorization Form

Name of Job Applicant/Employee

Date

Street Address

City, State, Zip Code

As part of **A-C-T Environmental & Infrastructure's (A-C-T)** evaluation of my job application and/or employment, reports may be procured by our current insurance carrier, which may include my driving record, an assessment of my insurability under **A-C-T's** insurance coverage or other reports. If applicable, authorization is also given for **A-C-T** to confirm educational degrees and or professional classes attended. By signing this disclosure, I hereby authorize **A-C-T** to procure such reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Signature of Job Applicant/Employee

Printed Name of Job Applicant/Employee

Driver's License Number

Date of Birth



Dear Applicant,

Completion of this data is voluntary and will not affect your opportunity for employment, terms or conditions of employment. A-C-T Environmental & Infrastructure is an Equal Opportunity Employer. As required by law, we must record certain information for our EEO/Affirmative Action Program.

This information is voluntary on your part. Refusal to provide it will not preclude you from doing so in the future and will not affect your employment opportunities with A-C-T Environmental & Infrastructure. This information will be kept separate from our other personnel records and will only be accessed by the Human Resources Department.

Self-Identification Questionnaire

Name: _____

Position Applied For / ACT Job Title: _____

GENDER: (Please check one of the options below)

Male Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino**
- White (Not Hispanic or Latino)**
- Black or African American (Not Hispanic or Latino)**
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**
- Asian (Not Hispanic or Latino)**
- American Indian or Alaska Native (Not Hispanic or Latino)**
- Two or More Races (Not Hispanic or Latino)**

VETERAN STATUS: (Please check one of the descriptions below corresponding to your veteran status – if applicable.)

- Vietnam Era Veteran**
- Special Disabled Veteran**
- Other Protected Veteran**
- Recently Separated Veteran**
- Armed Forces Service Medal Veterans**

OTHER:

Individual with Disabilities **I do not wish to Self-Identify**

Signature: _____ **Date Completed:** _____