



8339 Brentwood St  
Brooksville, FL 34613-4467

**Return to:**

Fax: 352-597-5132 or

Email: David@BKConstructionServices.com

# Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Alt Phone \_\_\_\_\_

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

Are you available for full-time work?  Yes  No Are you available for part-time work?  Yes  No

Are you willing to work nights?  Yes  No

Are you willing to travel?  Yes  No If yes, what percent? \_\_\_\_\_

Are you presently employed?  Yes  No May we contact your present employer?  Yes  No

Please list applicable skills \_\_\_\_\_

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Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?  
(You will be required to provide documentation.)  Yes  No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)  Yes  No

If yes, please describe conditions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

*In case of emergency, please notify:*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**Education**

	<i>School Name and Location</i>	<i>Year</i>	<i>Major</i>	<i>Degree</i>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other qualifications, or experience that we should consider?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History** *(start with most recent employer)*

Company Name \_\_\_\_\_  
Address (City & State) \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_  
Address (City & State) \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_  
Address (City & State) \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_  
Address (City & State) \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

This company is hereby authorized to make any investigations of my prior educational and employment history. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application.

In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

*I hereby acknowledge that I have read and understand the above statements.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



## PRE-EMPLOYMENT DRUG TESTING POLICY

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing a consent agreement, will release the company from liability.  
*(Any applicant with positive test results will be denied employment at that time.)*

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the company will not tolerate.

This company is a 'Drug-Free' and 'Safety Workforce', therefore there is random testing throughout employment.

## PRE-EMPLOYMENT AGREEMENT/CONSENT

I hereby agree, upon a request made under the drug/alcohol testing policy of *BK Construction Services*, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the specimen or specimens so collected sent to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding, investigation, or claim connected with the test.

I understand that only duly-authorized Company officers or agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, meaning that I will not sue or hold responsible, for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the policy per Florida Statutes.

This authorization has been written in a language I understand, and if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST. I understand that refusal to take a requested test or failure to meet the minimum standards set for the test will result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

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*Applicant's Signature*

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*Date*

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*Applicant's Full Name PRINTED*



**BACKGROUND CHECK AUTHORIZATION FORM**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Legal First Name      Legal Middle Name      Legal Last Name

\_\_\_\_\_      \_\_\_\_\_      -      -      \_\_\_\_\_  
Name(s) I have used in the past      Date of Birth (MM/DD/YYYY)      Social Security Number

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Driver's License #      DL State      Gender (Male/Female)      Phone Number

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*During the application process and at any time deemed necessary during the tenure of my employment with BK Construction Services, I hereby authorize BK Construction Services to procure an investigative consumer report background check. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied.*

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date