



**Whitestone
Construction**
1906 River Oaks Road
Jacksonville, FL 32207

EMPLOYEE APPLICATION

PLEASE PRINT ALL INFORMATION LEGIBLY

SECTION I – TO BE COMPLETED BY APPLICANT

| | | | | |
|--|--|--|------|-----------------|
| Social Security #: / / | | Date of Birth: / / | | |
| Last name: | | First name: | | Middle Initial: |
| Street Address: | | | | |
| City: | | State: | Zip: | |
| Phone / Cell #: | | Email: | | |
| Emergency Contact Name / Address: | | | | |
| Relationship: | | Emergency Contact Telephone #: | | |
| What position are you applying for? | | | | |
| Education / Training: | | | | |

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant from employment) Yes No

If yes, please explain:

By submitting this application for consideration, I understand that I am giving permission to Whitestone Construction to perform / request a Motor Vehicle Record check

Employee Signature

Date

Please fill out previous work experience on the next page

Work History Start with your present or most recent employment and work back (include PAID and UNPAID positions)

| | | |
|----------------------|-------------------|----------------|
| Job Title #1: | Start date: | End date: |
| Company name: | Supervisors name: | Phone number: |
| City: | State: | Zip: |
| Duties: | | |
| Reason for leaving: | Starting Salary: | Ending Salary: |

May we contact your present employer? _____ Yes _____ No _____ N/A

| | | |
|----------------------|-------------------|----------------|
| Job Title #2: | Start date: | End date: |
| Company name: | Supervisors name: | Phone number: |
| City: | State: | Zip: |
| Duties: | | |
| Reason for leaving: | Starting Salary: | Ending Salary: |

| | | |
|----------------------|-------------------|----------------|
| Job Title #3: | Start date: | End date: |
| Company name: | Supervisors name: | Phone number: |
| City: | State: | Zip: |
| Duties: | | |
| Reason for leaving: | Starting Salary: | Ending Salary: |

SECTION II – TO BE COMPLETED BY WHITESTONE ONLY

Workers' Comp. Code(s): _____ / _____ Job Description: _____ Dept: _____
New Employee Rehire Rehire Date: _____ Permanent _____ Seasonal _____
Pay Period: Weekly Bi-Weekly Other: _____ Full - Time Part - Time
Method and Rate of Payment: *Hourly \$ _____ *Salary \$ _____ Non-Exempt *Exempt
* Must meet the FLSA Guidelines *Commission _____ *Piece Work _____ *Tips _____
Original Hire Date with Client: _____ Child Support Payments? (If yes, attach court order) Yes No

Signature of Client Company Representative

Print Name of Representative

Date



**WHITESTONE
CONSTRUCTION**

**Background and Drug Screening
Authorization and Release**

APPLICANT INFORMATION

| | |
|---|---|
| Name (First, Middle & Last): | Current Address: |
| Other Names, Aliases, Maiden Name, etc.: | City: State: Zip: |
| Gender:* Male <input type="checkbox"/> Female <input type="checkbox"/> | Former Address (prior to above): |
| Social Security Number: * | City: State: Zip: |
| Driver's License Number: State of Issuance: Date of Birth:* | School Name (Highest Completed): School Location/Branch: Year Graduated*: Degree: Major: |

** Information so marked will be used for purposes of background screening only and will not be used for any employment/hiring decisions.*

CONSENT, RELEASE AND NOTICE REGARDING BACKGROUND INVESTIGATIONS;

CONSENT AND RELEASE FOR DRUG TESTING

AND

SUMMARY OF RIGHTS UNDER FAIR CREDIT REPORTING ACT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING]

Consumer Report and Investigative Consumer Report: The applicant above who is also the undersigned below ("I", "Me" and "My") hereby instructs, approves and consents that Whitestone Construction, and any of its affiliates or subsidiaries, as the prospective or current employer (the "Company"), may obtain information about Me from a consumer reporting agency for employment purposes. Thus, I hereby authorize the Company to obtain such information from any lawful source by any lawful manner and understand that I may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about My character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as My neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, civil and criminal court records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch, and any criminal record information pertaining to Me which may be in the files of any Federal, State or Local criminal justice agency in Florida or any other State. These reports may be obtained at any time after receipt of this authorization and, if I am hired, throughout My employment with the Company. I understand that I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The Company may utilize a variety of outside organizations and I understand that I may obtain the name and address of any such outside organization used to obtain information upon request made to the Company. The scope of this notice and authorization is all-encompassing, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if I am hired, throughout the course of My employment to the extent permitted by the Fair

Initial: _____

**Background and Drug Screening
Authorization and Release**

Credit Reporting Act and any other applicable law. As a result, I know that I should carefully consider whether to exercise My right to request disclosure of the nature and scope of any investigative consumer report. I also understand that I may withhold my permission and refuse to execute this document and that in such a case, no consumer report or investigation will be done, and my application for employment will not be processed further. I hereby, release and hold harmless any individual, corporation, or private or public entity from any and all causes of action and any claims that may arise or relate to their providing to the Company any information or data requested pursuant to the consent given herein for obtaining and use of Consumer Reports and Investigative Consumer Reports, all such causes of action and claims being hereby unconditionally and irrevocably waived.

Drug Testing: The Company has a strong commitment to ensure the safety of all employees and Company’s clients, tenants, subtenants, invitees, licensees and guests, and therefore has a strict drug and alcohol-free workplace policy (“Drug Free Workplace Policy”). Therefore, I hereby voluntarily consent to have the Company or its authorized testing agent perform a urinalysis for the purpose of screening for the use and abuse of any intoxicating substance. Further, I acknowledge that if I refuse to submit to any urinalysis screening, now or in the future, the Company reserves the right to reject my application for employment or, in the alternative, to terminate my employment. The Company’s Medical Review Officer will be authorized to receive drug test results and other medical information as required to interpret these results. The Medical Review Officer is authorized to release these results and information in a confidential manner to the appropriate Company officials. I agree to waive any physician/patient privilege that may otherwise exist with respect to drug testing and I understand that this information is to be kept confidential by the Medical Review Officer and the Company. The Company and its testing agent may only divulge the drug testing information if required by law or court order. I hereby, release and hold harmless any individual, corporation, or private or public entity from any and all causes of action and any claims that may arise or relate to their providing to the Company any information or data requested pursuant to the consent given herein for obtaining and use of drug testing information obtained by urinalysis screening, all such causes of action and claims being hereby unconditionally and irrevocably waived.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST 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 HEREBY AGREE TO SUBMIT TO ANY SUCH TEST.

**ACKNOWLEDGMENT AND
AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION, CONSENT FOR DRUG TESTING and the SUMMARY OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (attached as Exhibit “A” hereto) and certify that the foregoing is written in plain language and that I have read and understand all of the foregoing. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports”, and the conduct of urinalysis screening for purposes of drug testing described above, at any time after receipt of this authorization and, if I am hired, throughout my employment with the Company. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by the Company through its consumer reporting agency, and other outside organizations acting on behalf of the Company, and/or the Company itself.

I agree that a facsimile (“fax”) or photographic copy of this document shall be as valid as the original.

APPLICANT:

Signature: _____

Date: _____

Print Name: _____