



9425 Wanda Drive  
Pensacola, FL 32534

Phone: 850-780-6113  
Fax: 850-807-5016

## Employment Application

### APPLICATION INFORMATION

Name \_\_\_\_\_

Street Address	Last	First	Middle	Nickname/Preferred Name
_____	_____	_____	_____	_____
City _____	State _____		Apartment/Unit # _____	
Phone Number _____	Email _____		Zipcode _____	
Position Applied For: _____	_____			
Date Available _____	_____			
Recommended By: _____	_____			
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have your own reliable transportation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Tobacco User?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

### EDUCATION

High School	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Certificate: _____
College	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Certificate: _____
Vocational	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Certificate: _____

### PREVIOUS EMPLOYMENT

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**MILITARY SERVICE** Yes  No  From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

**\*I certify that my answers are true and complete to the best of my knowledge.**

\*I understand that, if hired, I will be a temporary employee under probation for **thirty (30) days**.

\*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

\*I agree to allow Emerald Coast Constructors, Inc. to perform drug/alcohol testing as a condition of employment and in the event of a job-related accident or due cause. I understand that failure to submit to such testing may jeopardize my employment. I understand Emerald Coast Constructors reports to **E-Verify & DOR**

\*By signing below, I certify I am physically able to perform the position being offered to me with no limitations.

\*ECC Inc. is non-tolerant of smoking, dip or tobacco usage of any kind.

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