

CGC Pros
603 E Fort King St, Ocala, Florida 34471
www.cgcpros.com
352.7660.1880

EMPLOYMENT APPLICATION

(Please complete entire application)

1. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/Zip: _____
Number of Years at this Address: _____
Home Phone: _____ Cell Phone: _____
Social Security #: _____
Driver's License/State Number: _____

2. Emergency Contact Information

Who should be contacted if you are involved in an emergency? _____
Contact Name: _____
Relationship to You: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____

3. Job Position Applied for: _____
Full/Part Time: _____

4. Are you at least 18 years old? _____

5. Do you have reliable transportation to/from work? _____

6. Are you willing to work any shift, including nights and weekends as needed? _____
If No, please state any limitations. _____

7. If applicable, are you available to work overtime? _____

8. If you are offered employment, when would you be available to begin work? _____

9. If hired, are you able to submit proof that you are legally eligible for employment in the United States?

10. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____

What reasonable accommodation, if any, would you request? _____

11. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill (NOTE: One represents poor ability, while five represents exceptional ability).

Skill	Years of Exp.	Ability Rating (1-5)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent and list and explain any gaps in employment. If additional space is needed, continue on the back of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

13. Applicant's Education and Training

College/University Name and Address: _____
Did you receive a degree: Yes _____ No _____
High School GED Name and Address: _____
Did you receive a degree? Yes _____ No _____
Other Training (graduate, technical, vocational): _____
Military Service: Yes _____ No _____ Branch: _____
Specialized Training: _____

14. References:

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship to you: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship to you: _____

15. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer. _____

I certify the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of any application, or if employment commences, immediate termination.

I authorize Valenchi Construction, LLC & Luxiena Designs, LLC, to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance and grades. I authorize those persons designed as references to fully communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Valenchi Construction, LLC & Luciena Designs, LLC except in a specific written contract of employment signed on behalf of the organization, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

It is the policy Valenchi Construction LLC & Luxiena Designs, LLC, to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.