

**BROTHERS' CONSTRUCTION INC.**

(772) 692-9477

Return completed application to:  
info@brothersconstructionfl.com

**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Position applied for: \_\_\_\_\_ Desired salary \$ \_\_\_\_\_

Date of application: \_\_\_\_\_ Social security #: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ Exp date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State) (Zip code)

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide dates and supervisors \_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you over 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date available for work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ Full time \_\_\_\_\_ Part time

- Have you ever pled guilty or no contest to a felony or misdemeanor charge or crime, or been convicted of a felony or misdemeanor charge or crime?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details and dates: \_\_\_\_\_

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- Have you ever had the adjudication withheld for a felony or misdemeanor charge?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please provide details and dates: \_\_\_\_\_

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\_\_\_\_\_

- Please list any condition or diseases for which you have been treated, or conditions requiring hospitalization in the past 3 years. If none, state "none".

\_\_\_\_\_

\_\_\_\_\_

- Is there any health-related reason, disability, or impairment that may prevent you from being able to perform the job for which you are applying? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

- Have you ever filed a Workers Compensation Claim? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

**Employment History** – please provide the following starting with most recent.

1. Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Starting job title: \_\_\_\_\_ Starting salary: \_\_\_\_\_

Final job title: \_\_\_\_\_ Final salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_Yes \_\_\_\_\_No

2. Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Starting job title: \_\_\_\_\_ Starting salary: \_\_\_\_\_

Final job title: \_\_\_\_\_ Final salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_Yes \_\_\_\_\_No

3. Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Starting job title: \_\_\_\_\_ Starting salary: \_\_\_\_\_

Final job title: \_\_\_\_\_ Final salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Skills and Qualifications** – please list special training, licenses, or certifications.

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**Educational Background** – please list starting with most recent.

	<b>School</b>	<b>Years Completed</b>	<b>Degree or Certification</b>
College	_____	_____	_____
High School	_____	_____	_____
Other	_____	_____	_____

**References** – please list at least 3.

	<b>Name</b>	<b>Relationship to You</b>	<b>Telephone</b>	<b>Years Known</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Brothers' Construction is an Equal Opportunity Employer and complies with the American Disabilities Act of 1990. We will not use the information on this application to discriminate against any individual with respect to their compensation, terms, conditions, or privileges of employment because of race, color, religion, sex, age, national origin, marital status, sexual orientation, disabilities, or other legally protected status.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)

## COMPLETION OF THIS PAGE IS REQUIRED

### ACKNOWLEDGMENTS

Please read and initial each of the following:

- \_\_\_\_\_ 1. I certify that all statements I have made in and on this application are true and I agree that any misrepresentation or omission of facts requested may be sufficient cause for cancellation of my application or immediate dismissal from the Company if I have been employed. In the event I have been employed, I agree to conform to the rules and policies of the Company. I understand that these rules and policies may be changed, interpreted, withdrawn, or added to at the Company's option at any time without notice.
- \_\_\_\_\_ 2. I understand that employment is contingent upon meeting the physical requirements of the job and passing a drug screen, to the Company's satisfaction. Depending on the nature of the job for which I am applying, I understand that the satisfactory completion of a post-hire physical examination may also be required.
- \_\_\_\_\_ 3. I acknowledge the Company's notification to me that a background investigation or an investigative consumer report on me may be made. I understand and agree that successful completion to the Company's satisfaction of such investigation(s) is required for employment or continued employment. I hereby authorize the Company to conduct or have conducted the investigation(s) described above and to prepare or cause to be prepared a report based on such information. I further understand that, upon my written request, a complete disclosure of the nature and scope of the investigation(s) conducted will be provided to me.
- \_\_\_\_\_ 4. I understand that my employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or me. I acknowledge that I do not have a contract or employment with the Company and that, in the future, I will not have any contractual rights of employment unless such rights are made part of a written agreement executed by me and a Vice President or higher-level officer of the Company.
- \_\_\_\_\_ 5. I agree that the Company's liability to me for wages is limited to the amount earned by me as of the date of such termination. I also authorize the Company to deduct at any time any monies owed by me to the Company whenever such deduction is not prohibited by law.
- \_\_\_\_\_ 6. I understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identity generally at the time of or within three days of being hired. I further understand that the failure to submit such proof within the required time frame will result in my immediate dismissal from the Company if I have been employed.
- \_\_\_\_\_ 7. I understand that my disclosure of any prior convictions for criminal or traffic offenses will not necessarily prevent my employment with the Company; however, the omission of this requested information will be sufficient cause for cancellation of my application or my immediate dismissal from the Company if I have been employed.
- \_\_\_\_\_ 8. I have read and agree to the above acknowledgements.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)