



**WORTHLAND**  
CONSTRUCTION

1486 Skees Rd., Suite D, West Palm Beach, FL 33411

Office No. (561) 425-8222 Email: info@worthlandconstruction.com

# APPLICATION FOR EMPLOYMENT

Application Date: \_\_\_\_\_

## GENERAL INFORMATION

<b>Name (last)</b>	<b>(First)</b>	<b>(Middle)</b>	<b>Home Telephone</b> ( ) -	
<b>Address (Mailing)</b>	<b>(City)</b>	<b>(State)</b>	<b>(Zip)</b>	<b>Mobile Telephone</b> ( ) -
<b>Social Security No.</b> - -		Are you legally entitled to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## POSITION

<b>Position Applying For:</b>	<b>Desired Salary:</b>	<b>Date Available To Start:</b>	
<b>Available to Work:</b> (circle availability)	Full- Time	Part-Time	Temporary
Best time to contact you at home is between _____ AM/PM and _____ AM/PM			
Have you ever filed an application with us before? If YES, Date? _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do any of your friends or relatives, other than spouse, work here? If YES, state name/relationship _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently employed?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
May we contact your present employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Can you travel if a job requires it?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment.)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
DRUG FREE WORK PLACE**

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

# EDUCATION AND TRAINING INFORMATION

High School Graduate or General Education Degree (GED) Test Passed?

YES  NO

If NO, please list the highest level of education completed: \_\_\_\_\_

## COLLEGE, BUSINESS SCHOOL, MILITARY BACKGROUND (Most Recent FIRST)

Name and Location	Dates Attended	Graduate?	Year Completed	Major or Subject
School:	FROM:	YES		
Location:	TO:			
School:	FROM:	NO		
Location:	TO:			
School:	FROM:	YES		
Location:	TO:			
School:	FROM:	NO		
Location:	TO:			
School:	FROM:	YES		
Location:	TO:			
School:	FROM:	NO		
Location:	TO:			

## MILITARY BACKGROUND (if applicable)

Branch of Service	Date of Entry	Date of Discharge

## OCCUPATIONAL LICENSE AND CERTIFICATES (if applicable)

Occupational License or Certificate	Number	Where Issued	Exp. Date

## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)


## WORK EXPERIENCE AND HISTORY

(Most Recent First) (Include Voluntary Work and Military Experience)

<b>Employer :</b>	<b>Telephone Number:</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
	<b>Supervisor's Name:</b>	<b>To (Month/Year)</b>
<b>Job Title:</b>		
<b>Specific Duties Include:</b>		<b>Hours Per Week</b>
		<b>Last Salary</b>
		\$
<b>Reason for Leaving?</b>		<b>May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>
<b>Employer :</b>	<b>Telephone Number:</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
	<b>Supervisor's Name:</b>	<b>To (Month/Year)</b>
<b>Job Title:</b>		
<b>Specific Duties Include:</b>		<b>Hours Per Week</b>
		<b>Last Salary</b>
		\$
<b>Reason for Leaving?</b>		<b>May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>
<b>Employer :</b>	<b>Telephone Number:</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
	<b>Supervisor's Name:</b>	<b>To (Month/Year)</b>
<b>Job Title:</b>		
<b>Specific Duties Include:</b>		<b>Hours Per Week</b>
		<b>Last Salary</b>
		\$
<b>Reason for Leaving?</b>		<b>May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>
<b>Employer :</b>	<b>Telephone Number:</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
	<b>Supervisor's Name:</b>	<b>To (Month/Year)</b>
<b>Job Title:</b>		
<b>Specific Duties Include:</b>		<b>Hours Per Week</b>
		<b>Last Salary</b>
		\$
<b>Reason for Leaving?</b>		<b>May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>

## SKILLS AND QUALIFICATIONS

❖ Describe any specialized training, apprenticeships, skills, and extra-curricular activities:

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❖ Describe any job-related training received in the United States Military:

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❖ Additional skills, including supervision skills, other languages spoken, or information regarding the career/occupation you wish to bring to the employer's attention:

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❖ Types of Computers, Software, and other Office Equipment you are knowledgeable of:

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❖ Typing Speed: \_\_\_\_\_ WPM

❖ **OTHER QUALIFICATIONS AND SPECIALIZED SKILLS:**

*Summarize special job-related skills and qualifications acquired from employment or other experience.*

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## REFERENCES

Please list 4 personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years Known
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## INFORMATION TO THE APPLICANT

- As a part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.
- If necessary for employment, you may be required to supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or drug test, or to sign a conflict of interest agreement and abide by its terms.
- As the applicant, you certify that the answers given herein are true and complete to the best of your knowledge and authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.
- By signing below, Applicant hereby understands and acknowledges that, unless otherwise defined by the applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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**Printed Name of Applicant**

**Signature**

**Date**

**EQUAL EMPLOYMENT OPPORTUNITY:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race, and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

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