



Application for Employment

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Date _____

Position Applied For _____ Social Security Number _____

Name _____ Telephone Number() _____

Present Address (Street, Apt. or Unit No.) _____

City / State / Zip _____ Desired Salary _____

Are you able at the time of employment to submit verification of your legal right to work in the U.S.? (Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.) Yes _____

No _____

If under the age of 18, can you produce the necessary work certificate at the time of employment?

Yes _____ No _____

Type of employment desired? Full-time _____ Part-time _____ (Specify Hours) _____

Are you willing to work overtime? Yes _____ No _____ Date on which you can start _____

Have you ever applied at A-C-T before? Yes _____ No _____

If yes, when did you apply? _____ Where did you apply? _____

Florida Ready to Work Credential: Yes _____ No _____

Within the past ten (10) years, have you been convicted of a felony? (Do not include convictions that were sealed, eradicated, erased, or expunged; convictions that resulted in referral to a diversion program; or marijuana-related convictions that are more than two (2) years old.) Yes _____ No _____

If yes, please explain so that individual circumstances can be considered.

NOTE

- **Criminal convictions will not automatically disqualify an applicant from a particular job. A-C-T will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.**

- An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within 30 days of the applicant's request for such information.

Have you ever initiated an act of violence in the workplace? Yes ___ No ___

If yes, please explain so that individual circumstances can be considered. (A yes answer will not necessarily disqualify you from employment.) _____

List special technical skills that you feel qualify you for the job for which you are applying (i.e., computer programming/language, equipment operation, special tools or machines, etc.):

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade Or Post College					

Honors Received _____

WORK EXPERIENCE

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service. **CDL drivers are required to list employment for at least 3 years and/or commercial driving experience for the past 10 years.**

Employer _____

Name _____ Address _____ Type of Business _____

Phone () _____ Dates Employed From ___ / ___ / ___ To ___ / ___ / ___

Job Title _____ Supervisor's Name _____

May we contact? Yes ___ No ___

Wages: Start _____ Final _____ Reasons for Leaving _____

Duties _____

Employer _____

Name _____ Address _____ Type of Business _____

Phone () _____ Dates Employed From ___ / ___ / ___ To ___ / ___ / ___

Job Title _____ Supervisor's Name _____

May we contact? Yes ___ No ___

Wages: Start _____ Final _____ Reasons for Leaving _____

Duties _____

Employer

Name _____ Address _____ Type of Business _____

Phone (____) _____ Dates Employed From ____ / ____ / ____ To ____ / ____ / ____

Job Title _____ Supervisor's Name _____

May we contact? Yes _____ No _____

Wages: Start _____ Final _____ Reasons for Leaving _____

Duties _____

REFERENCES

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship (i.e., supervisor, co-worker)	Telephone #

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that A-C-T may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local laws. If A-C-T has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local laws. I also understand that all employees of the location, pursuant to A-C-T's policy and federal, state, and local laws, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with A-C-T's policies and applicable federal, state, and local laws.

If employed by A-C-T, I understand and agree that A-C-T, to the extent permitted by federal, state, and local laws, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local laws, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY A-C-T, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS A-C-T IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH A-C-T AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF A-C-T AND ME.

CDL Driver Applicants

Addresses			How Long? _____
For the			
Last 3 years			How Long? _____

Attach Sheet if More Space is Needed

Experience and Qualifications of Driver

Driver Licenses	State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident record for the past 3 years or more (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries

Traffic Convictions and forfeitures for the past 3 years (Other than parking violations)

Location	Date	Charge	Penalty

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

2. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____



Job Application Authorization Form

Name of Job Applicant/Employee

Street Address

City, State, Zip Code

Date

As part of **A-C-T Environmental & Infrastructure, Inc.'s (A-C-T)** evaluation of my job application and/or employment, reports may be procured by our current insurance carrier, which may include my driving record, an assessment of my insurability under **A-C-T's** insurance coverage or other consumer reports. If applicable, authorization is also given for **A-C-T** to confirm educational degrees and or professional classes attended. By signing this disclosure, I hereby authorize **A-C-T** to procure such reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Signature of Job Applicant/Employee

Driver's License Number

Printed Name of Job Applicant/Employee

Date of Birth