



Employment Application

It is the policy of Consel, Inc. 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.

Full Name: _____

Home Address: _____

City/State/Zip: _____

Number of years at this address? _____ Number of years resident of FL? _____

Best phone contact number: _____ (cell / land line) Email address: _____

Valid Driver's License (Yes \ No) _____ Driver's License (State/Number) _____

Social Security Number _____

Emergency Contact:

Who should we contact if you are involved in an emergency?

2 Contact Names: _____

Relationship to you: _____

Best contact numbers: _____

Pertinent Information:

Position Applying for: _____

Desired rate of pay: \$ _____ per (hour / year)

Do you have a friend or relative employed here? Yes No

Have you applied here previously? (Yes \ No) If yes, when? _____

If you are offered employment:

1. Would you submit to and pass a pre-employment drug test? (Yes \ No)
2. When would you be available to start work? _____
3. Are you able to submit proof you are legally eligible for employment in the USA? (Yes \ No)
4. Are you able to perform essential functions of job position you seek with or without reasonable accommodation? (Yes \ No)
What reasonable accommodation, if any, would you request? _____
5. Would you be available to travel to job sites outside of the Lee & Collier County area? (Yes \ No)
6. Would you be available to travel to job sites out of the immediate area, requiring overnight stays? (Yes \ No)
7. Do you have reliable means of transportation to get to work each day? (Yes \ No)



Applicant Skills:

Please check skills that you have. List any other skills that may be useful for the job you are seeking.

- | | |
|--|---|
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Record-keeping skills/logs |
| <input type="checkbox"/> Microsoft Office (Word, Excel, PowerPoint) | <input type="checkbox"/> QuickBooks / Accounting |
| <input type="checkbox"/> OSHA training | <input type="checkbox"/> Mechanical Skills |
| <input type="checkbox"/> Confined Entry training | <input type="checkbox"/> Welding Skills |
| <input type="checkbox"/> CDL license | <input type="checkbox"/> CPR or First Aide |
| <input type="checkbox"/> Consider self physically fit for manual labor | <input type="checkbox"/> Willingness to "learn" |
| <input type="checkbox"/> Crew leader /foreman/management | <input type="checkbox"/> Forklift experience |

Other: _____

Applicant Employment History:

Current or Most Recent Employment:

Employer Name: _____

Address: _____ City/State/Zip _____

Supervisor Name: _____

Supervisor Phone Number: _____

Duties / Job Description: _____

Dates of Employment: (month/year) _____ to _____

Reason for Leaving: _____

Previous Employment:

Employer Name: _____

Address: _____ City/State/Zip _____

Supervisor Name: _____

Supervisor Phone Number: _____

Duties / Job Description: _____



Dates of Employment: (month/year) _____ to _____

Reason for Leaving: _____

Employer Name: _____

Address: _____ City/State/Zip _____

Supervisor Name: _____

Supervisor Phone Number: _____

Duties / Job Description: _____

Dates of Employment: (month/year) _____ to _____

Reason for Leaving: _____

Employer Name: _____

Address: _____ City/State/Zip _____

Supervisor Name: _____

Supervisor Phone Number: _____

Duties / Job Description: _____

Dates of Employment: (month/year) _____ to _____

Reason for Leaving: _____

Applicant's Education and Training:

List any current professional licenses or certifications that you hold:

High School: **Graduate** **GED** Name and location: _____

Other Training: **vocational** **technical** **2-yr college degree** **4-yr college degree**

Name(s) & Location(s): _____

Type of Degree Received from College/University: _____



List awards, honors, and/or special achievements:

Military Experience: yes no

Branch: _____ Dates: _____

Specialized training or achievements: _____

References:

List 3 non-relatives to provide a reference for you. At least one reference must be employment related:

Name: _____ Address: _____

Contact Number: _____

Relationship: _____ How long you have known person: _____

Name: _____ Address: _____

Contact Number: _____

Relationship: _____ How long you have known person: _____

Name: _____ Address: _____

Contact Number: _____

Relationship: _____ How long you have known this person? _____

What are your "strengths"? _____

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



CERTIFICATION

I certify that 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 my application, or if employment commences, immediate termination.

I authorize Consel, Inc. to contact former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance and status. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment, education and personal reference status.

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 by its Owner, 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 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 Consel, Inc., except in a specific written contract of employment signed on behalf of the organization by its Owner, 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