



PAW Companies
6640 State Road 52
Bayonet Point, FL 34667

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS -

PLEASE ANSWER ALL QUESTIONS. Resumes are not accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

APPLICATION INFORMATION -

Position(s) applied for: _____ Date of application: ____/____/____

Name:

Last: _____ First: _____ M.I.: _____ Other: _____

Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Contact:

Telephone #: () _____ Other Phone #: () _____ Email: _____

Are you under the age of 18? Yes No

(NOTE: If yes, you may be required to furnish proof of exemption or partial waiver as detailed by your State Child Labor Law.

Have you previously filed an application with this company? Yes No If yes, give date: _____

Have you previously been employed by this company? Yes No If yes, give date: _____

Telephone #: () _____ Other Phone #: () _____ Social Security #: _____

Please list any relatives or friends who are employed at this work site and their relationship to you: _____

Do you have the legal right to work in the United States? Yes No Date available for work? _____

(NOTE: You will be required to provide appropriate document(s) for completion of the I-9 at the time of employment)

Type of employment desired: Full-time Part-time Temporary Seasonal Educational Co-op

Do you have a reliable means of transportation (which will enable you to be at work as required)? Yes No

Will you work overtime if asked? Yes No

If required, are you able to work evenings? Yes No

If required, are you available to travel? Yes No

Are there any hours, shifts or days you will not work? Yes No If yes, explain: _____

Have you ever been convicted of a felony/misdemeanor or pleaded nolo contendere (no contest) to a felony/misdemeanor, or pleaded guilty to a felony/misdemeanor, or been found guilty of a felony/misdemeanor? (Include any and all instances of these foregoing even if adjudication was withheld.)

Yes No

Do you have any pending criminal charges: Yes No

If yes, provide details including dates: _____

PLEASE NOTE: THE FACT THAT YOU ARE AWAITING TRIAL OR HAVE A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.

SKILLS AND QUALIFICATIONS -

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

Other Languages: (Please indicate if read, written or spoken.): _____

Driver's License (only complete if required for position): Do you have a valid driver's license? Yes No

If yes, Driver's License #: _____ (Class: A B C D E) State: _____ Expiration Date: _____

REFERENCES -

Three individuals, not relatives whom you have known at least one (1) year.

Name & Address	Telephone	Years Known



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EDUCATION DATA -

Please fill out as much as possible.

School	Name, Address, State & Zip Code for each school	Years Completed	Degree	Major Course of Study
High School				
College				
Grad School				
Trade School				

Honors Received: _____

EMPLOYMENT EXPERIENCE -

List your last four employers, most recent first. Account for all time including unemployment, self-employment and military service. **MUST BE COMPLETED IN FULL**

Employer	Dates		Supervisor
	From	To	
Address			
Job Title	Salary		Telephone
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates		Supervisor
	From	To	
Address			
Job Title	Salary		Telephone
	Starting	Final	
Work Performed			
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Work Performed			
Reason for Leaving			

Employer	Dates		Supervisor
	From	To	
Address			
Job Title	Salary		Telephone
	Starting	Final	
Work Performed			
Reason for Leaving			

Please provide an explanation for any lapse of employment: _____

Have you even been dismissed or forced to resign from an employment? Yes No If Yes, Please explain: _____



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APPLICATION FOR EMPLOYMENT

APPLICATION STATEMENT, AUTHORIZATION AND RELEASE

By submitting this application or other documents, I agree to conform to the rules and regulations of the Company, including an Introductory Period (if applicable). I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for the Company, or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify the Company from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with the company. In addition, if I am employed by the Company, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work-related accident investigation.

I understand that employment with the Company is for no guaranteed period of time and may be terminated by myself, the Company with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Company's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Company and myself.

Note: Complete details of the Company's Drug Free Workplace Policy (if any) will be provided during the interview process.

THE COMPANY'S STATEMENT

The Company does comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Company extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

The Company is an equal employment opportunity employer. It is the policy of the Company to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with the Company should understand that while every effort is made to provide continuous work, there are no employment contracts, and the permanency of any position is not guaranteed.

FAIR CREDIT REPORTING ACT NOTIFICATION

You are notified that in connection with your application for employment (including contract for services) and/or active employment with the Company, a consumer report and/or investigative report which may contain public record information may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with the Company.

These reports may include information regarding your career experience along with reasons for termination of past employment, information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, local or other agencies.

Before a consumer and/or investigative report is requested, you will be asked to complete a Disclosure and Consent Form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to a complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

EMPLOYEE SIGNATURE:

Signature: _____ Date: _____



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Voluntary Self-Identification / Equal Employment Opportunity

Applicant Affirmative Action Information

We are an Equal Opportunity Employer and do not discriminate on the basis of ethnicity, color, religion, gender, gender identity, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State or local law. The information below will be used only in the compilation of data for Equal Opportunity reporting. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application forms.

Applicant Information	
Last Name:	Date:
First Name:	Middle Initial:
Position Sought:	

Sex: (Please check one) Male Female

EEO ETHNICITY CATEGORY (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- American Indian or Alaska Native (Not Hispanic or Latino) -**
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino) -**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American (Not Hispanic or Latino) -**
A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) -**
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Hispanic or Latino -**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
- White (Not Hispanic or Latino) -**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Two or More Races -**
All persons who identify with more than one of the six races

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian (Not Hispanic or Latino)	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White

VETERAN STATUS (Please check if it describes your veteran status.)

Are you a veteran? Yes No Are you a disabled veteran? Yes No

Disabled Veteran - Means (a) veteran who is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more; or, rated at 10 or 20 percent, if it has been determined that the individual has a serious employment disability; or a person who was discharged or released from active duty because of a service-connected disability.

Vietnam Era Veteran - Means (a) veteran who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

AN EQUAL OPPORTUNITY EMPLOYER



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Applicant Affirmative Action Information

Personal and Confidential

VOLUNTARY SELF-IDENTIFICATION FORM
(CONFIDENTIAL — For Statistical Purposes Only)

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information contained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding necessary accommodations (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance with the act shall be informed.

Do you have a mental or physical disability? Yes No

NOTE: A person with a mental or physical disability is one who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such impairment.

PERFORMANCE OF JOB-RELATED FUNCTIONS

If you need reasonable accommodations in order to perform the functions of the job, please describe the type of accommodations you require.

Is there any reason why you, when performing your duties, would pose a direct threat to your health or the safety of others in the workplace?

Yes No If yes, please explain: _____

Do you take medication (prescribed or over the counter) that may affect your ability to perform your job?

Yes No If yes, please explain in what way your ability to perform the job may be affected: _____

Your Signature

Date



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PAW MATERIALS LABORER AND SKILLED LABORER

Do you have a Florida driver's license? _____ Yes _____ No

Do you have any points on your driver's license? _____ Yes _____ No

If yes, How Many? _____ Pts

Do you have a vehicle to get to work? _____ Yes _____ No

Have you ever towed a 10ft to 14ft trailer? _____ Yes _____ No

Can you back up a 10ft to 14ft trailer? _____ Yes _____ No

What would be the first thing you do after hooking the trailer to the vehicle?

What materials can you cut with a chop saw? _____

What PPE do you wear when using a concrete saw? _____

Do you know how to use cutting torches? _____ Yes _____ No

What are the main two compressed gases used with torches? _____

Have you ever worked out of a scissor or man lift? _____ Yes _____ No

If yes, what kind of work? _____

What height are you comfortable working at? 6-8ft _____ 10-15ft _____ 20-30ft _____ 30ft & Up _____

How would you approach working equipment on a job site? _____

On all job sites, what is the proper safety equipment you need to wear?

1. _____ 2. _____

3. _____ 4. _____

5. _____

EQUIPMENT

Have you ever ran a ?

Skid Steer _____ Yes _____ No

Loader _____ Yes _____ No

Excavator _____ Yes _____ No

Tractor _____ Yes _____ No

List five (5) things you would check before running a loader / excavator on a job site?

1. _____ 2. _____

3. _____ 4. _____

5. _____

Are you able to work for long periods of time kneeling down or on your knees? _____ Yes _____ No

Are you able to lift 50lbs +/- from ground level? _____ Yes _____ No

Are you able to work out of town 10 days or more? _____ Yes _____ No