

CTI- Construction Testing and Inspection, Inc.

APPLICATION FOR EMPLOYMENT

Position Desired: _____

Full time

Part Time

Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will."

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

_____ Date

_____ Signature of Applicant

PERSONAL DATA

Name _____
(Print) Last First Middle

Social Security No. _____

Present Address _____
Street and Number City State Zip

How long have you lived there? _____
Years Months

Previous Address _____
Street and Number City State Zip

How long did you live there? _____
Years Months

Telephone No. _____

Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No

If Yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No

If Yes, Name: _____ Relationship: _____

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? Yes No

If Yes, please give date and details of each: _____

Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death)? Yes No

If Yes, provide details: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

CTI

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Past Employer <hr/> Address <hr/> City, State, Zip Code <hr/> Telephone	<u>Employed</u> From (mo/yr) <hr/> To (mo/yr)	<u>Pay</u> Start \$ <hr/> Final \$	<u>Your Title or Position</u> <hr/> <u>Name and Title of Last Supervisor</u>	<u>Reason for Leaving</u> <hr/>
Previous Employer <hr/> Address <hr/> City, State, Zip Code <hr/> Telephone	<u>Employed</u> From (mo/yr) <hr/> To (mo/yr)	<u>Pay</u> Start \$ <hr/> Final \$	<u>Your Title or Position</u> <hr/> <u>Name and Title of Last Supervisor</u>	<u>Reason for Leaving</u> <hr/>
Previous Employer <hr/> Address <hr/> City, State, Zip Code <hr/> Telephone	<u>Employed</u> From (mo/yr) <hr/> To (mo/yr)	<u>Pay</u> Start \$ <hr/> Final \$	<u>Your Title or Position</u> <hr/> <u>Name and Title of Last Supervisor</u>	<u>Reason for Leaving</u> <hr/>
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List all other employers you have had in the last ten (10) years. _____

Have you ever been terminated or asked to resign from any job? [] Yes [] No If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

PREVIOUS EXPERIENCE

CTI

Please describe any experience you have which you feel would assist you in performing the job for which you are applying.

EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College / University	1 2 3 4			
Graduate / Professional	1 2 3 4			
Trade / Correspondence				
Other				

PERSONAL REFERENCES

CTI

Please list persons who know you well -- not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

DRIVING INFORMATION

Do you have a current driver's license? Yes No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes No

If Yes, please explain circumstances: _____

Do you have personal automobile insurance? Yes No Name of Insurance Company: _____

Has your personal automobile insurance ever been cancelled? Yes No

If Yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Offense	Date	Location
Offense	Date	Location	Offense	Date	Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, CITIZENSHIP, MARTIAL STATUS, DISABILITY, OR NATIONAL ORIGIN.

FEDERAL BACKGROUND SERVICES REQUEST FORM

Phone No. : (954) 835-6060 ext. 108
 Company: Construction Testing & Inspection
 Contact : Sheila Taveras
 Fax No. : (954) 835-6060

To : Federal Background Services
 Phone : (561) 969-9966
 Fax : (561) 969-9988

Last Name: _____ First Name: _____ Middle Initial _____

Maiden: _____ Date of Birth _____ Social Security # _____ Sex _____

INDIVIDUAL OPTIONS

- | | |
|---|--|
| <p><input type="checkbox"/> Florida Criminal History FDOC (\$10)</p> <p><input type="checkbox"/> Florida Criminal History FDLE (\$30)</p> <p><input type="checkbox"/> Non-FL Criminal History (State) _____ (\$30+)
County, City, or Zip Code _____</p> <p><input type="checkbox"/> Statewide Criminal History _____ (\$30)</p> <p><input type="checkbox"/> FL Drivers LIC Hist (3 year) (\$5)
FL Driver's License # _____</p> <p><input type="checkbox"/> FL Drivers LIC Hist (7 year) (\$7)
FL Driver's License # _____</p> <p><input type="checkbox"/> Education Verification \$20 each</p> <p><input type="checkbox"/> Employment Verification (\$40/Employer)
Contact Name: _____
Phone Number: _____</p> <p><input type="checkbox"/> Interpol Worldwide Criminal (\$10)</p> <p><input type="checkbox"/> Vehicle Tag Search _____ (\$10)</p> | <p><input type="checkbox"/> Social Security # Verification (\$5)
Alien # _____ DOC Type _____</p> <p><input type="checkbox"/> Florida Workers' Comp History (\$5)</p> <p><input type="checkbox"/> Florida Sexual Offendor / Predator (\$5)</p> <p><input type="checkbox"/> Nationwide & International Criminal Check (\$15)
Includes Sexual Predator / Offender</p> <p><input type="checkbox"/> Nationwide Sexual Offender (\$5)</p> <p><input type="checkbox"/> Out of State Driver Lic. History _____ (\$15)
Non-FL Drivers' Lic _____</p> <p><input type="checkbox"/> Credit History (Indiv. \$15)
Present Address _____
City, State, Zip _____</p> <p><input type="checkbox"/> Joint Credit History (\$30)
Spouse Name _____
Spouse Social _____</p> <p><input type="checkbox"/> Other _____</p> |
|---|--|

PACKAGE OPTIONS (PLEASE FILL IN INFORMATION ABOVE)

<input type="checkbox"/> Package # 1 \$10 3 Year FL Drivers' License FL Workers' Comp Social Security Verification	<input type="checkbox"/> Package # 2 \$30 FDOC Criminal History Nationwide Criminal Records Social Security Verification FL Workers' Comp
<input type="checkbox"/> Package # 3 \$40 FDLE Criminal History Nationwide Criminal Records Social Security Verification FL Workers' Comp	<input type="checkbox"/> Package # 4 \$50 FDLE Criminal History Nationwide Criminal Records Social Security Verification FL Workers' Comp 7 Year FL Drivers' License

CHECK OFF SEARCHES REQUESTED

***** SIGNATURE REQUIRED TO PROCESS REQUEST*****

I hereby authorize FEDERAL BACKGROUND SERVICES, INC. to perform any and all necessary searches for the above named company.

Signature of Applicant _____

Date _____