



# Employment Application

## GENERAL INFORMATION

Position(s) desired: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Did you graduate?  Yes  No Subjects Studied: \_\_\_\_\_

College: \_\_\_\_\_ Did you graduate?  Yes  No Subjects Studied: \_\_\_\_\_

Trade or skill: \_\_\_\_\_

## U.S. MILITARY

US Military or Naval Service  Yes  No Rank: \_\_\_\_\_ Present Membership in National Guard or Reserves?  Yes  No

## EMPLOYMENT HISTORY

Dates		Employer Name & Address	
Phone	Salary	Position	Reason for Leaving
Dates		Employer Name & Address	
Phone	Salary	Position	Reason for Leaving
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Phone	Salary	Position	Reason for Leaving
Dates		Employer Name & Address	
Phone	Salary	Position	Reason for Leaving
Dates		Employer Name & Address	
Phone	Salary	Position	Reason for Leaving
Dates		Employer Name & Address	
Phone	Salary	Position	Reason for Leaving

May we contact your previous employers?  Yes  No

## REFERENCES

Give the names of 3 people not related to you whom you have known at least 1 year.

Name	Phone Number	Business	Years Known

## OTHER INFORMATION

Date available for work:

	Part Time	Full Time
Are you willing to work overtime?	Yes	No

If no, please explain:

Are you able to meet the attendance requirements of the position:	Yes	No
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Are you willing to work out of town:	Yes	No
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Do you have personal transportation? What type?

Driver's license number (if driving is a job function): \_\_\_\_\_ State: \_\_\_\_\_

Are you 18 years old or older?	Yes	No
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Are you legally eligible for employment in this country?	Yes	No
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Do you have any physical limitations that preclude you from performing any work for which you are being considered?	Yes	No
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If yes, please explain:

Have you ever been convicted of a crime? Morgan Properties & Contracting reserves the right to conduct criminal background checks.	Yes	No
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If yes, please explain:

Additional info you feel appropriate:

In case of emergency notify:

Phone number:

I, \_\_\_\_\_, recognize and accept as a term of hire a 90-day Probation Period with Morgan Properties Group, Inc. or Morgan Contracting Group, Inc. I further understand that if my job performance is unacceptable, I may be terminated at any time during that period.

Signature: \_\_\_\_\_

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

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**PRE EMPLOYMENT QUESTIONNAIRE**

When was your most recent physical examination? \_\_\_\_\_

Name and address of doctor: \_\_\_\_\_

Do you have any physical disability or deformity?  Yes  No

If Yes, Describe: \_\_\_\_\_

Have you now or ever had any of the following?

Eye Trouble  Yes  No

High Blood Pressure  Yes  No

Heart Trouble  Yes  No

Allergic Conditions  Yes  No

Epilepsy  Yes  No

Broken Bones  Yes  No

Diabetes  Yes  No

Other \_\_\_\_\_

Arthritis  Yes  No

Other \_\_\_\_\_

Have you ever injured or sprained your back?  Yes  No

If yes, did it happen on the job?  Yes  No

Did you receive treatment from a doctor?  Yes  No

Are you fully recovered from previous injuries or sickness you may have had?  Yes  No

Have you ever received any benefits or a disability under the workers compensation act of Florida?  Yes  No

In any other State?  Yes, State: \_\_\_\_\_  No

I certify the above answers to be true and correct, and understand that any false or misleading statements to these questions may be reason for denial of benefits under the Florida Workers' Compensation Act. I also acknowledge and understand the provisions under the Florida Workers' Compensation act which state that "any person who willfully makes any false or misleading statement, or representation for the purpose of obtaining or denying any benefit or payment under this chapter: (A) Who presents, or causes to be presented any written or oral statement as part of, or in support of, a false claim for payment or other such benefit pursuant to any provision of this chapter, knowing that such statement contains any false or misleading information concerning any fact or thing material to such claim, or (B) Who prepares or makes any written or oral statement that is intended to be presented to any employer, insurance company, or self-insured program in connection with, or in support of, any claim for payment or other benefit pursuant to any provision of this chapter, knowing that such statement contains false or misleading information concerning any fact or thing material to such claim, shall be guilty of a felony of the third degree, punishable as provided in § 775.082, §775.083 or §775.084.

Your Signature: \_\_\_\_\_

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

Witness' Signature: \_\_\_\_\_

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

Manager's Signature: \_\_\_\_\_

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

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