



APPLICATION FOR EMPLOYMENT

COLWILL ENGINEERING

4750 EAST ADAMO DRIVE – TAMPA, FLORIDA 33605

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Employment Agency
 Relative Walk-In Colwill Employee: _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (____) _____ Social Security Number _____ - _____ - _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 Yes No (Proof of citizenship or immigration is required upon employment.)

On what date would you be available for work? _____

Are you available to work Full time Part-Time Shift Work Temporary Overtime

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony? Yes No
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain _____

COLWILL ENGINEERING
AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employees/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Applicant Data Record

Name _____ Phone _____
Last First Middle

Address _____
Number Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check One: Male Female

Check one of the following:

Race/Ethnic Group: White American Indian/Alaskan Native
 Black Hispanic Asian/Pacific Islander

Check if any of the following are applicable:

Veteran Disabled Veteran Handicapped Individual

FORMER EMPLOYERS: *List below last four employers, starting with last one first*

Date Month and Year	Name & Address of Employer	Salary	Position	Reasons for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: *Give below the names of three persons not related to you, whom you have known at least one year*

Name	Address/Telephone Number	Business	Years Acquainted

EDUCATION:

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8 9	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe specialized training, apprenticeship skills, and extra-curricular activities				

Honors Received:



I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of my payment of my wages and salary, be terminated at any time without any previous notice.

Signature _____ Date _____



BACKGROUND CHECK DISCLOSURE FORM

Info Cubic, LLC and its designated agents and representatives may conduct a comprehensive review of your background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. The scope of the consumer report/investigative consumer report may include information about your character, general reputation, personal characteristics, and mode of living as well as information that is not limited to, the following areas: names and dates of previous/current employment, work experience, Bureau of Workers Compensation/Claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offenders lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, USA PATRIOT Act/OFAC, any sanction lists, FBI finger printing, internet searches, social media information, and drug testing. These reports may be obtained by Info Cubic, LLC at any time after receipt of your authorization. You may request more information about the nature and scope of any investigative consumer reports by contacting Info Cubic, LLC. Info Cubic, LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Signature: _____

Date: _____

(Electronic signatures are **NOT** acceptable!

This document must be physically signed by applicant)

Print Full Name



RELEASE OF LIABILITY

I hereby irrevocably and unconditionally waive and release Info Cubic, LLC (“Info Cubic” or the “Company”) and its agents, officials, representatives, or assigned agencies, including officers, directors, subsidiaries, parents, employees, and/or related personnel, both individually and collectively, from any and all claims, demands, or liabilities of any nature whatsoever, whether arising statutorily, in tort or contract, known or unknown, suspected or unsuspected, on account of any injury or damage, including, but not limited to, defamation and invasion of privacy, which I may have at any time now or in the future, arising out of or in any way related to the investigation contemplated by this authorization, or from reliance on the information furnished. I ACKNOWLEDGE and AGREE that I have read and understand this Release of Liability and that I freely and voluntarily sign this document. I further agree that Info Cubic has made no representations, inducements or statements other than those in writing in this document and in other written disclosures provided to me, about the background investigation. I further agree and certify that the information that I provide in this form is true and correct, and that my application or employment shall be terminated based on any false, omitted, or fraudulent information.

Signature: _____ **Date:** _____

(Electronic signatures are **NOT** acceptable!

This document must be physically signed by applicant)

Print Full Name (First Middle Last)

Current Address

City

State

ZIP/Postal Code



BACKGROUND CHECK AUTHORIZATION FORM

I, _____ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described in the background check disclosure, without any reservation, throughout any duration of my employment at _____ (company name) (hereinafter referred to as the “Company”). I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile (“fax”), or copy form.

In consideration for reviewing my application for employment, I hereby authorize the Company and Info Cubic, LLC, and any other individual or entity retained by it, pursuant to the provisions of the Fair Credit Reporting Act (15 U.S.C. §§ 1681 *et seq.*) and any other applicable federal, state and local laws, to conduct a thorough pre-employment background screening, including investigation of my references, work record, educational background, governmental agency records, and any other matters related to my suitability for such employment, including, but not limited to, the right to verify my social security number, and conduct a criminal records search.

I understand and acknowledge that it is my right to receive, within 7 days of receipt by the Company, a copy of any “public records” obtained by the Company as part of any pre-employment background screening the Company conducts with respect to my employment application. By initialing here, I waive my right to receive a copy of such public records: _____. I understand and acknowledge that if the Company takes any adverse action against me with respect to my employment application as a result of any public record obtained during any pre -employment background screening it conducts, that the Company will provide me a copy of such public record regardless of the foregoing waiver.

I understand and acknowledge that an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am or have been acquainted, or who may have knowledge concerning any such items of information. I understand and acknowledge that, upon my written request, the Company shall make a complete and accurate written disclosure of the nature and scope of the consumer investigation it has requested with respect to my employment application. I further understand and acknowledge that I have the right to request a copy of any investigative consumer report obtained with respect to my employment application.

I understand and acknowledge that the Company shall have the right, in its sole discretion, to review data from the sources referred to above, and that satisfactory completion of my background investigation shall be a condition to my employment. In the event the Company determines, in its sole discretion, that I am not suitable for the position applied for, then the Company shall have no further responsibility with regard to my application for employment or any conditional offer of employment which may have been provided to me.



I acknowledge receipt of the BACKGROUND CHECK DISCLOSURE AND RELEASE OF LIABILITY FORMS and certify that I have read and understand both of these documents. By signing this authorization form I am acknowledging that I have received and signed each of these forms.

Signature: _____

Date: _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

Print Full Name (First Middle Last)

Maiden/AKA/Previous Name(s)

____ - ____ - ____
Social Security Number

Email Address

____/____/____
Date of Birth (MM/DD/YYYY) (This will not affect hiring decision)

Driver License Number

State

Current Address

(____)_____
Phone

City

State

ZIP/Postal Code

California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box to have a copy of your report emailed directly to you

Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from Info cubic, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which Info Cubic has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Info Cubic during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Notice to Massachusetts Applicants: Under Mass. Ann. Laws chapter. 93 §§ 50, a Consumer Reporting Agency may furnish a report if intended to be utilized for employment purposes.

Notice to New York Applicants: Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Please initial here to acknowledge receipt of Article 23-A of New York Correction Law _____