



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
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
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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | High Blood Pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Trouble | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Allergic Conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Broken Bones | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other | _____ | |
| Arthritis | <input type="checkbox"/> Yes | <input type="checkbox"/> 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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