

GIBBS & REGISTER, INC / J. REGISTER CO., INC.

Employment Application Form
(An Equal Opportunity Employer M/F/VH)

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE (Use blue or black ink)

Please mail completed application to:

Corporate Office 232 South Dillard Street Winter Garden, FL 34787 Tel: (407) 654-6133	Jacksonville Office 4265 Eldridge Loop Orange Park, FL 32073 Tel: (904) 224-0397
or fax application to: (407) 654-6134 or 904-213-7833	
E-mail address HR@gibbsandregister.com	

OFFICE USE ONLY:

Date received: _____
Reviewed by: _____

Part A – Page 1

PLEASE COMPLETE PAGES 1-4.

Desired Company: Gibbs and Register, Inc. J. Register, Co., Inc. DATE _____

Name _____

Last First Middle

Present address _____

Number Street City State Zip

How long at current address? _____

Telephone: Home: () _____ Cell: () _____

Are you under age 18 ___ YES ___ NO, if "YES", can you provide proof of your eligibility to work? ___ YES ___ NO

Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.

Position applied for (1) _____

Are you able to perform the essential functions of this job with or without an accommodation?

Wage desired (2) _____

Yes No If yes, describe it _____

How did you hear about us? (3) _____

Do you have a valid driver's license? Yes ___ No ___

(Question answered by Foremen/Supt/Project Mgr/Asst Project Mgr.)

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

Person to Notify in case of emergency : Name _____ Relation to you: _____

Home Phone# () _____ Cell # () _____

Within the last 7 years, have you ever been convicted of a crime, pled no contest, or been ordered to pay a fine or court costs as part of a plea bargain? No Yes (A "yes" response will not necessarily disqualify you from employment).
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

Have you ever been a defendant in a civil lawsuit where you were accused of assault, battery, false imprisonment, or any intentional tort? No Yes If yes, please explain _____

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**GIBBS & REGISTER, INC.
 J. REGISTER CO., INC.**

**APPLICATION FOR EMPLOYMENT
 Part A - Page 2**

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

WORK EXPERIENCE

Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Job Title: _____	Telephone Number: (_____) _____		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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GIBBS & REGISTER, INC.
J. REGISTER CO., INC.**

**APPLICATION FOR EMPLOYMENT
Part A - Page 3**

WORK EXPERIENCE

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Job Title: _____	Telephone Number: (____) _____		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

OTHER QUALIFICATIONS

Summarize job-related skills and qualifications acquired and/or professional, trade, business or civic activities and offices held. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability

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GIBBS & REGISTER, INC.
J. REGISTER CO., INC.

APPLICATION FOR
EMPLOYMENT
Part A - Page 4

May we contact your present or previous employer? Yes No

Did you complete this application yourself? Yes No If not, who completed it? _

Gibbs & Register, Inc./J. Register Co., Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Gibbs & Register, Inc. depends solely on your qualifications

APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and accurate.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 45 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer as they are currently constituted or may be changed from time to time.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of applicant _____ Date: _____

Thank you for completing this application form and for your interest in our business.

ADMISIÓN DEL EMPLEADO A PROBABACIÓN

EMPLOYEE ACKNOWLEDGEMENT OF PROBATION

I understand that I am on Probation as an employee for the first 90-days of my employment for the purposes of the Florida "Unemployment Compensation Law". I understand if my employer, Gibbs & Register, Inc./J. Register Co., Inc. discharges me for unsatisfactory work performance under the Florida "Unemployment Compensation Law" he will not have his account charged for an employment benefits I might be determined eligible for in the future.

Yo entiendo que estoy en probatoria como empleado mediante un periodo de noventa (90) días por el propósito de la Ley de Compensación por Desempleo de Florida. Yo entiendo que si mi patrón, Gibbs & Register, Inc./J. Register Co., Inc. me despiden por ejecución no satisfactoria de mi trabajo, bajo la Ley de Compensación por Desempleo de Florida, su cuenta no será cargada por beneficios de empleo los cuales se hubiesen determinado si yo fuese elegible en el futuro.

Applicant Signature: _____

Admito a que he firmado este formulario a poco menos de siete (7) días de mi empleo.

Applicant Name: _____

Firma del Apicante: _____

Date: _____

Nombre del Apicante: _____

Fecha: _____

Affirmative Action Information

Employee Name: _____ Date: _____

(Please Print)

(Completion of Information Below is Voluntary)

Our Company complies with The U.S. Department of Labor and Office of Federal Contract Compliance Program (OFCCP) requirements for completion of Equal Opportunity Survey data. All government regulations including affirmative action, federal and state recordkeeping, and other legal obligations are reported using the voluntary affirmative action data supplied by candidates for employment. Your cooperation is greatly appreciated.

Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

CHECK ONE: Male Female

CHECK ONE:

- 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.
- 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.
- 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.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North American and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

SPECIAL NOTICE TO VIETNAM ERA VETERANS, OTHER VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES.

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance qualified disabled veterans and veterans of the Vietnam Era, and qualified disabled individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment or later advancement in employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran Other Veteran Disabled Veteran Disabled Individual

This information is used to satisfy the affirmative action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.