

# Application for Employment

3676 Hartsfield Road, Tallahassee, FL 32303

(850) 386-1253 | egs-us.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital, or any other legally protected status.

## PERSONAL INFORMATION

Name (Last, First, MI):		
Present Address:	Apt #:	City, State, Zip
Permanent Address:	Apt #:	City, State, Zip
Email:	Are you at least 18 years of age?	
Cell #:	Home #:	

## DESIRED EMPLOYMENT

Position:	Avail Start Date:	Desired Hourly Wage:
Are you currently employed?	If so, may we contact your employer?	
How did you hear about our Company?		

## EDUCATION

Level	Name / Location of School	Currently enrolled?		Major/Minor Course of Study	Type of Degree Earned or Anticipated Graduation Date
		YES	NO		
HIGH					
COLLEGE					
POST-GRADUATE					
OTHER					

## GENERAL

Describe any specialized training, apprenticeship, knowledge, skills, and/or abilities you possess and believe relevant to the position you seek:

State any additional information you feel may be helpful to us in considering your application:

## LICENSURES, CERTIFICATIONS ( Ex: Driver's License, Commercial Drivers license, etc. )

Licenses, Certifications, Etc.	Number	Exp Date	State Licensing Agency
**REQUIRED: Valid Driver's License			
OTHER:			

# EGS

## Environmental & Geotechnical Specialists Engineers & Scientists

### **WORK EXPERIENCE** - Start with your present or last job. Include any military service assignments.

Name of Present or Last Employer			
Street Address		City, State	Zip
Start Date	Leave Date	Job Title	
Starting Salary Per Hour	Ending Salary Per Hour	May We Contact Your Supervisor?	
Name Of Supervisor	Title	Phone Number	
Description of Work			
Reason For Leaving			

Name of Present or Last Employer			
Street Address		City, State	Zip
Start Date	Leave Date	Job Title	
Starting Salary Per Hour	Ending Salary Per Hour	May We Contact Your Supervisor?	
Name Of Supervisor	Title	Phone Number	
Description of Work			
Reason For Leaving			

Name of Present or Last Employer			
Street Address		City, State	Zip
Start Date	Leave Date	Job Title	
Starting Salary Per Hour	Ending Salary Per Hour	May We Contact Your Supervisor?	
Name Of Supervisor	Title	Phone Number	
Description of Work			
Reason For Leaving			

# EGS

## Environmental & Geotechnical Specialists Engineers & Scientists

### PERSONAL/PROFESSIONAL REFERENCES - Do not include family members or past supervisors.

Name	Contact Number	Occupation

### BACKGROUND INFORMATION

*Note: Answering "yes" to these questions will not automatically bar you from employment. The nature, job relatedness, severity, and date of the offense in relation to the position for which you are applying are considered.*

Have you had a FL Drivers License For At Least 3 Years?	YES	NO
Do you currently have a valid driver's license?	YES	NO

If not, please provide previous driver's license State, and License Number:

### CITIZENSHIP

*The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.*

Are you a U.S. Citizen or are you legally authorized to work in the U.S.?      YES      NO

### PRE-EMPLOYMENT AND RANDOM DRUG TESTING POLICY

All job applicants at this company will undergo screening for the presence of illegal drugs and/or alcohol as a condition for employment. If a conditional offer of employment is made, the applicant will be required to submit to a urinalysis test at a laboratory chosen by EGS. **By signing this employment application, applicant consents to any and all drug/alcohol testing and releases EGS from liability.**

By my signature below, I am verifying that I understand I must take the drug test, and I herein consent to such test, as this company deems appropriate. I further consent to allow the results of such testing to be released to EGS or its authorized agents or representatives who have a need to know. If I am an applicant, and if I take but fail the drug test, I will be INELIGIBLE FOR EMPLOYMENT with EGS. If I am an employee, I understand that failure to pass the drug test will be grounds for disciplinary action up to and including termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### NOTE TO APPLICANTS

*Do not answer this question unless you have read and understand the job description of the position for which you are applying.*

**After reviewing the job description, do you feel that you are capable of performing the ESSENTIAL FUNCTIONS and meeting the REQUIREMENTS of this position?**      YES      NO

If you feel you need reasonable accommodation considerations, please explain:

### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 EGS, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **DRUG TESTING CONSENT, RELEASE, AND ACKNOWLEDGEMENT OF UNDERSTANDING**

I hereby consent to submit to urinalysis and/or other tests as shall be determined thereof by the company as a condition of employment and for the purpose of determining specific drug content. I agree that a D.H.H.S. (Dept. of Health and Human Services) and certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by the Company for analysis. I further agree to have these results reviewed by a Medical Review Officer. I hereby release to the company, the results of the test(s) to which I have consented. I further authorize the company to discuss the results with medical/personnel collecting the Specimen, the testing facility, it's directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in conjunction with employment actions, professional licensing procedures, and as a defense to any legal action to which I am party. I release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate company officials or government agencies. I agree that a reproduced copy of this form shall have the same effect as the original. I understand the company's Drug Abuse and Drug Testing Policy and consent to the terms set forth in the policy. I further acknowledge that the policy has been posted in an appropriate place on the company's premises and copies are available for inspection during regular business hours. I acknowledge that I have read this policy and fully understand that the company can establish other work rules related to possession, use, sale or solicitation of drugs, including policies concerning arrests or convictions for drug or alcohol-related offenses, and can suspend, or terminate, or deny employment for such conduct.

I have carefully read the foregoing and fully understand its contents. I agree that my signing of this Consent, Release and Acknowledgement of Understanding form is voluntary and that I have not been coerced into signing this document.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **MOTOR VEHICLE RECORD DISCLOSURE AND RELEASE FORM**

In connection with my ongoing employment or my application for employment, should I have or secure a position with **Environmental & Geotechnical Specialists, Inc. (EGS)**, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information to **Environmental & Geotechnical Specialists, Inc. (EGS)**, or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for **Environmental & Geotechnical Specialists, Inc. (EGS)**, to procure such reports at any-time during my employment. I also authorize **Environmental & Geotechnical Specialists', Inc. (EGS)**, commercial auto insurer and agent to use this information in conjunction with loss control and safety review efforts.

\_\_\_\_\_  
Full Legal Name (include middle initial)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issuance

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date