

**INSTRUCTIONS FOR COMPLETING  
AN APPLICATION FOR EMPLOYMENT  
WITH THE FGS GROUP**

1. **Do you have a valid Florida Driver's License?**
  - Yes. Please move on to step 2.
  - No. Please return application to the receptionist. We apologize for any inconvenience. The FGS Group is only hiring individuals at this time that have the capability of driving a vehicle.
2. Complete and **sign** the Application for Employment.
3. Complete and **sign** the Disclosure & Authorization to Obtain Reports.
4. Return all documents along with your Drivers License & Social Security Card for us to make a photocopy.
5. Please wait on further instructions.

**OFFICE USE ONLY: VERIFICATION OF ITEMS RECEIVED**

- Application for Employment
- Disclosure & Authorization to Obtain Reports
- Copy of Driver's License
- Copy of Social Security Card

Items Received By: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

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

**This Is A Drug Free Work Place**

Please Print

NAME: Last	First	Middle	Date:
Address:			
Home Telephone Number		Social Security Number	
Position Applied For			
How Did You Learn About Us?			
( ) Advertisement	( ) Friend	( ) Walk-In	
( ) Employment Agency	( ) Relative	( ) Other	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No	
Do you currently have a valid Florida driver's license? (Proof will be required upon employment)	Yes	No	
Have you ever filed an application with us before?	Yes	No	
Have you ever been employed with us before?	Yes	No	
Are you currently employed?	Yes	No	
May we contact your present employer?	Yes	No	
Are you prevented from lawfully becoming in this country because of Visa or Immigration Status? <small>(Proof of citizenship or immigration status will be required upon employment)</small>	Yes	No	
On what date would you be available for work?			
Are you available to work:    ( ) Full Time    ( ) Part Time    ( ) Shift Work    ( ) Temporary			
Are you currently of "Lay-off" status and subject to recall?	Yes	No	
Can you travel if a job requires it?	Yes	No	
Have you been convicted of a felony within the last 7 years? <small>(Conviction will not necessarily disqualify an applicant form employment)</small>	Yes	No	
If yes, Please explain: _____			

## EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other:				

Indicate any foreign languages you can speak, read, and/or write

Speak: \_\_\_\_\_

Read: \_\_\_\_\_

Write: \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer's Name _____ Address _____ Telephone # _____ Supervisor _____ Reason for Leaving _____	Dates Employed From _____ To _____ Hourly Rate / Salary Starting \$ _____ Final \$ _____ Job Title _____	Work Performed _____ _____ _____ _____
Employer's Name _____ Address _____ Telephone # _____ Supervisor _____ Reason for Leaving _____	Dates Employed From _____ To _____ Hourly Rate / Salary Starting \$ _____ Final \$ _____ Job Title _____	Work Performed _____ _____ _____ _____
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Employer's Name _____ Address _____ Telephone # _____ Supervisor _____ Reason for Leaving _____	Dates Employed From _____ To _____ Hourly Rate / Salary Starting \$ _____ Final \$ _____ Job Title _____	Work Performed _____ _____ _____ _____

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

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# ADDITIONAL INFORMATION

## OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

## SPECIALIZED SKILLS

Check skills / Equipment Operated

- |                                     |  |   |                                      |
|-------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> CRT        | <input type="checkbox"/> Fax           | <input type="checkbox"/> Microsoft Office | Production / Mobile Machinery (list) |
| <input type="checkbox"/> PC         | <input type="checkbox"/> Postage Meter | <input type="checkbox"/> MS Excel         | _____                                |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Windows 98    | <input type="checkbox"/> MS Word          | _____                                |
| <input type="checkbox"/> Copier     | <input type="checkbox"/> Windows 00    | <input type="checkbox"/> Word Perfect     | _____                                |

Please list any additional skills which might be beneficial in this position:

State any other information you feel might be helpful to us in considering your application:

**Note To Applicants: Do Not Answer This Question Unless You Have Been Informed About The Job Requirements Of The Job For Which You Are Applying.**

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

## REFERENCES

NAME PHONE NUMBER AFFILIATION

NAME PHONE NUMBER AFFILIATION

NAME PHONE NUMBER AFFILIATION

NAME PHONE NUMBER AFFILIATION

# APPLICANTS STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

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 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 the employer.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

(This Section For Office Use Only)

Arrange Interview \_\_\_\_\_ Yes \_\_\_\_\_ No

Remarks \_\_\_\_\_

Hired \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Hourly Rate \_\_\_\_\_ or Salary \_\_\_\_\_

Hired By \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_



*UST Management/Hazardous Waste Management/Fence Installation  
Environmental Assessments/Hydrogeology/Industrial Hygiene/Engineering  
Environmental Construction /Environmental Remediation*

## DISCLOSURE & AUTHORIZATION TO OBTAIN REPORTS

### DISCLOSURE

For employment purposes, The FGS Group may obtain consumer reports on you as an applicant or from time during employment. "Consumer Reports" are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For such employment purposes, The FGS Group may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

### AUTHORIZATION

I, \_\_\_\_\_, authorize The FGS Group to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Other Driver's License Held in Past 5 Years: \_\_\_\_\_

Print Maiden or Other Names Under Which Records May be Listed: \_\_\_\_\_

Date of Birth (to be used only for proper identification): \_\_\_\_\_

If The FGS Group requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, indicate your request here:

\_\_\_\_\_  
\_\_\_\_\_