



**EQUAL OPPORTUNITY EMPLOYER / AFFIRMATIVE ACTION EMPLOYER  
WE TEST FOR DRUGS!! TOBACCO-FREE ENVIRONMENT  
AJAX DOES NOT TOLERATE VIOLENCE IN THE WORKPLACE**

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Personal Data**

\_\_\_\_\_  
Last Name First Name Middle Initial Social Security Number

\_\_\_\_\_  
Street Address City State/Zip Telephone Number

Email Address: \_\_\_\_\_

What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_ Per \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Are there any days, shift or hours you will not work?  Yes  No  
If yes, explain \_\_\_\_\_

Are you available for out of town work?  Yes  No

Will you work overtime, if required?  Yes  No  
If not, explain \_\_\_\_\_

When will you be able to start work \_\_\_\_\_

Have you ever been convicted of any crime?  Yes  No  
(A conviction will not necessarily disqualify you)  
If so, explain and give dates: \_\_\_\_\_

Can you, upon employment, submit documentation verifying that you are legally eligible to work in the United States?  Yes  No

Have you taken any illegal drugs in the last 30 days?  Yes  No

Do you smoke any tobacco products, use smokeless or "chewing" tobacco?  Yes  No

How did you learn of our Company? \_\_\_\_\_

Have you ever applied or worked here before?  Yes  No  
If so, provide dates \_\_\_\_\_

**EDUCATION; (May or may not be considered depending on job applied for at Ajax)**  
Describe any educational degrees, skills, training or experience you believe are relevant to the position

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

**EMPLOYMENT HISTORY**

(Please complete for all full-time or part-time employment beginning with your most recent employer)

Company Name \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Weekly Gross Pay \_\_\_\_\_

State job title and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Weekly Gross Pay \_\_\_\_\_

State job title and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Weekly Gross Pay \_\_\_\_\_

State job title and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY - continued**

Company Name \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed

From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Weekly Gross Pay \_\_\_\_\_

State job title and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or forced to resign? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Did you receive any discipline in the last 18 months of employment? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

How many days were you absent in the last 12 months of employment for reasons other than an on-the-job injury, a disability, military leave, jury duty or religious holidays? \_\_\_\_\_

Have you signed any non-compete agreement with any other employer that would restrict you from working with this company? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

List any work related skills, training, or experience you believe are **relevant to the position you seek**, such as operating heavy equipment, computer skills, fluency in language(s), etc:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD** (Base data on last three (3) years prior to date of application):  
(May or may not be considered depending on job applied for)

Do you have a valid Florida Driver's License? \_\_\_\_\_

License No. \_\_\_\_\_ Type: \_\_\_\_\_ Class: \_\_\_\_\_

Have you had any tickets? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you have any DUI or DWI convictions? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you have a reliable form of transportation to work? \_\_\_\_\_

If you have your own car: Make \_\_\_\_\_ Year \_\_\_\_\_ Tag #: \_\_\_\_\_

**REFERRAL SOURCE** (Please check appropriate category and name the source)

_____ Newspaper Ad	_____ Friend	_____ Ajax Website
_____ Walk-In	_____ Relative	_____ Internet
_____ Employment Agency	_____ Other	
_____ Ajax Employee Referral (Name) _____		

**APPLICANT'S ACKNOWLEDGMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that misrepresentations, omissions of facts or incomplete information requested in this application will remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

I understand that this application will only be considered "active" for 30 calendar days from the date of application.

I authorize Ajax Paving Industries of FL, LLC (herein called AJAX) to contact my prior employers and authorize such prior employers to answer any and all questions regarding my prior employment. I hereby indemnify AJAX and my prior employers and hold them harmless from any claims arising from such authorization.

I understand that, if employed, I agree to conform to the rules and regulations of Ajax Paving Industries, Inc. of Florida (herein called AJAX). I also agree that, just as I have, if hired, the right to resign my employment at any time for any reason or for no reason at all. AJAX reserves the right to terminate any employee at any time, for any reason or for no reason at all, with or without cause. I understand that no representative of AJAX, other than the President of Ajax, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the provisions contained in the employee handbook or any Addendum thereto unless the President of Ajax makes such changes in writing to the employee personally.

I hereby represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

Name \_\_\_\_\_

Date \_\_\_\_\_

Employer, remove this section upon completion of the selection process

NAME: \_\_\_\_\_

POSITION TITLE FOR WHICH YOU ARE APPLYING \_\_\_\_\_

**VETERANS' PREFERENCE INFORMATION**

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The unmarried widow or widower of a veteran who died of a service-connected disability.

A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in S1.01, F. S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veterans' Preference is only available to Florida resident.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

**VETERANS' PREFERENCE CLAIM**

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? \_\_\_\_\_  
(Please indicate number from Veterans' Preference Information section above.)

ARE YOU A RESIDENT OF THE STATE OF FLORIDA?  Yes  No

**NOTE:** If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.

Employer, remove this section prior to the selection process.

**EEO SURVEY**

Although the following information is not mandatory, it is requested to aid the State of Florida in its commitment to Equal Employment Opportunity and Affirmative Action. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, uite 240, 325 John Knox Road, Tallahassee, FL 32303..

POSITION TITLE FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

SEX:  Male  Female DATE OF BIRTH: \_\_\_\_\_

RACE (Check only one):

WHITE (Non-Hispanic)  BLACK (Non-Hispanic)  ASIAN OR PACIFIC ISLANDER

NATIVE AMERICAN  HISPANIC  OTHER Specify: \_\_\_\_\_



# Ajax Paving Industries of Florida, LLC.

## Skills Rating Form

Print Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Rate your equipment operating skills below:

	Advanced Skills	Highly Skilled	Moderate Skills
<b>STANDARDS</b>	<b>3</b>	<b>2</b>	<b>1</b>
1. Paver	_____	_____	_____
2. Roller	_____	_____	_____
3. Broom Tractor	_____	_____	_____
4. Loader	_____	_____	_____
5. Dozer	_____	_____	_____
6. Grader	_____	_____	_____
7. Screed	_____	_____	_____
8. Lute	_____	_____	_____
9. Distributor Truck	_____	_____	_____
<b>PLANT STANDARDS</b>	<b>3</b>	<b>2</b>	<b>1</b>
1. Operator	_____	_____	_____
2. Loader Operator	_____	_____	_____
3. Welder	_____	_____	_____
4. Electrical	_____	_____	_____
5. Scale Operations	_____	_____	_____

### Typical Physical Demands:

Physical demands of the position includes: Sitting, standing, climbing, reaching, bending, trunk movements, lifting minimum of 45 lbs., carrying, pushing/pulling, low level work, dexterity of hands and fingers, seeing, hearing and talking.

**Are you able to perform the essential functions of the job for which you are applying?**  Yes  No

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

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