



DATE: _____

APPLICATION FOR EMPLOYMENT

SS#: _____

PERSONAL INFORMATION

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(CITY, STATE, COUNTRY)

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE U.S.? YES ___ NO ___

ARE YOU 18 YEARS OR OLDER? YES ___ NO ___

POSITION APPLYING FOR _____

REFERRED BY _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES ___ NO ___
IF YES, WHEN? _____

DATE YOU CAN START: _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES ___ NO ___
IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ___ NO ___

ARE YOU AVAILABLE TO WORK: FULL TIME ___ PART TIME ___ TEMPORARY ___

IF YOU HAVE ANY DISABILITIES THAT WOULD INTERFERE WITH YOUR PERFORMING IN THE POSITION FOR WHICH YOU HAVE APPLIED, PLEASE EXPLAIN:

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC

U.S. ARMED FORCES YES ___ NO ___ IF YES, BRANCH _____
RANK AT DISCHARGE _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS?
YES ___ NO ___ IF YES, PLEASE EXPLAIN _____

(CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY APPLICANT FOR EMPLOYMENT)

IN CASE OF EMERGENCY, NOTIFY: _____
(NAME)

(ADDRESS) (PHONE)

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE/ TRADE SCHOOL				

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

EMPLOYER:	
STREET ADDRESS:	
CITY:	STATE: ZIP:
EMPLOYED FROM:	DESCRIBE WORK DONE:
EMPLOYED TO:	
SALARY BEGINNING:	
SALARY ENDING:	
REASON FOR LEAVING: _____	
EMPLOYER:	
STREET ADDRESS:	
CITY:	STATE: ZIP:
EMPLOYED FROM:	DESCRIBE WORK DONE: _____
EMPLOYED TO:	
SALARY BEGINNING	
SALARY ENDING:	
REASON FOR LEAVING: _____	
EMPLOYER:	
STREET ADDRESS:	
CITY:	STATE: ZIP:
EMPLOYED FROM:	DESCRIBE WORK DONE: _____
EMPLOYED TO:	
SALARY BEGINNING	
SALARY ENDING:	
REASON FOR LEAVING: _____	

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR	
NAME:	BUSINESS NAME:
ADDRESS:	
PHONE:	YEARS ACQUAINTED
NAME:	BUSINESS NAME:
ADDRESS:	
PHONE:	YEARS ACQUAINTED
NAME:	BUSINESS NAME:
ADDRESS:	
PHONE:	YEARS ACQUAINTED

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

DATE: _____ Print & Sign: _____



P.O. Box 1046 | Cocoa, Florida 32923-1046 | (321) 636-2896 | FAX: (321) 631-4541

TO: WHOM IT MAY CONCERN

FROM: DEBRA D. MALLARD, PRESIDENT

SUBJECT: EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is the policy of V.A. PAVING, INC. to further the provision of equal employment opportunity to all persons without regard to their race, color, religion, sex, or national origin, physical or mental handicap or status as a disabled or Vietnam era veteran and to promote the full realization of equal employment opportunity through a positive, continuing program. Further, it is the policy of V.A. PAVING, INC. to assure that qualified or qualifiable applicants are employed and are treated during their employment without regard to their race, religion, sex, color, national origin, physical or mental handicap, or status as a disabled or Vietnam era veteran. Such action shall include: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other form of compensation, and selection for training, and/or on-the-job training. Disabled or handicapped persons and disabled veterans and veterans of the Vietnam era will be given the fullest consideration for employment and will be given equal opportunities to advance to positions for which they are qualified,

To facilitate the Company's Affirmative Action efforts on behalf of handicapped workers, disabled veterans and veterans of the Vietnam era, individuals who qualify and wish to benefit from the Affirmative Action Plan are invited and encouraged to identify themselves to Company officials. This information is voluntary, and refusal of employees to identify themselves as veterans or handicapped will not subject them to discharge or disciplinary action. Information obtained will be kept confidential except that supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and regarding necessary accommodations. Finally, identifiable handicapped employees and Vietnam era and disabled veterans will be asked about any special job skills they may possess and to describe any accommodations or special adaptations they require to perform the job properly and safely,

V.A. PAVING, INC.

A handwritten signature in black ink, appearing to read 'Debra D. Mallard', is written over a horizontal line. The signature is fluid and cursive.

Debra D. Mallard, President



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Employment with V.A. Paving, Inc, is based on individual merit. Employment opportunities are open to all without regard to race, color, religion, sex, sexual preference, age, marital status, national origin, citizenship status, veteran status or physical or mental disability. Applicants must specify the position or positions he or she is interested in. As employers/government contractors, we comply with government regulations and Affirmative Action responsibilities, Solely to help us comply with government recordkeeping, reporting and other legal requirements, please complete the Applicant Register. This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment form, We appreciate your cooperation.

Name _____
Date

1. Sex: Male Female
2. Race: White (non Hispanic) Hispanic
 Black (non Hispanic) Asian or Pacific Islander
 American Indian or Alaskan Native Other: _____
3. Are you a U.S. Armed Forces Veteran? Yes
 No

4. What particular position are you applying for?

5. How did you hear of possible job openings at V.A. Paving, Inc?
- | | |
|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Ethnic Organization | <input type="checkbox"/> Self Interest/Walk In |
| <input type="checkbox"/> Job Service | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> School | |
| <input type="checkbox"/> Other (Please specify) _____ | |

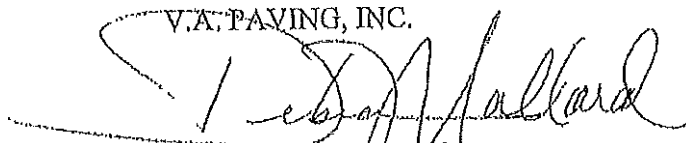


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HARASSMENT POLICY

It is the policy of V.A, Paving, Inc., that our offices and job sites are to be working environments free of harassment, intimidation, and coercion based on any worker's race, sex, religion, national origin, disability, or veteran status, this policy prohibits physical, verbal, visual, or written abuse, such as insults, graffiti, posters, pictures, suggestive comments, or demands of a sexual nature, racial, ethnic, or religious remarks or slurs, or interfering with an individual's work performance, or creating an intimidating, hostile or offensive working environment.

It is our policy that kind of conduct does not belong in the work environment and will not be tolerated, Employees conduct, whether intentional or unintentional, that results in the harassment of other employees are not only in flagrant violation of company policy, but illegal. Since we vigorously oppose ANY form of harassment or harassing environment, such conduct will result in disciplinary action, including discharge. Any employee who feels that he or she is being subjected to harassment, intimidation, or other interference with the performance of their work is urged to immediately contact V,A, Paving, Inc, to ensure that this company policy is followed by all employees, including supervisors,

V.A. PAVING, INC.

Debra D. Mallard, President



Benefits Notification

As an employee of V. A. Paving, Inc, you will receive the following benefits at designated anniversary dates.

1. You immediately become eligible for our (6) six paid holidays. The holidays are as follows: New Years Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, and Christmas.
2. After a period of 90 days, you will become eligible on the 1st day of the following month for m1r group health, dental and life it1 surance. Example: "You are hired on the 5th of April; on August 1st you would become eligible". The company pays 100% of your coverage, if you desire health and dental coverage for your spouse and/or children you would be responsible for paying that amount which would be deducted from your paycheck weekly. Rates for this coverage will be offered at your request.
3. After you have been employed with V.A. Paving, Inc. for (90) ninety days yo11 become eligible for (40) forty hours, off cape scale, Paid Personal Time off. The hourly rate for this PTO would be figured at your current base rate.
4. After you have been employed with V. A. Paving, Inc. for (1) one year you become eligible for a (1) one week (40) forty hours, off cape scale, paid vacation. The hourly rate for this vacation would be figured at your current base rate.
5. After you have been employed (2) two years with the company, have a gross income of at least \$5,000.00 in each of those years, and expect to have a gross income of \$5,000.00 in the current year you become eligible to enroll in our Simple IRA Plan. This plan involves an employee contribution and an employer % contribution. This plan would be explained to you at a date closer to your anniversary date.



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JOB APPLICATION PACKET



Drug-free Workplace Policy

Summary

PREFACE

We all must recognize that drug use and abuse negatively affects the company, the employee, job performance and co-workers. In this regard, V. A. Paving has adopted a Drug-Free workplace policy. While we hope that this policy protects and benefits the company, we hope even more that it protects and benefits the employee and co-workers and creates a safe and efficient work environment. For the purpose of clarification, alcohol is considered a drug under this policy.

II. IMPAIRMENT PROHIBITED

No employee shall report for work or work impaired by any substance that is legal or illegal. "Impaired" means under the influence of a substance such that the employee's motor senses (i.e., sight, hearing, balance, reaction, reflex) or judgment either are or may be reasonably presumed to be affected.

III. POSSESSION PROHIBITED

No employee at any work site will possess any quantity of any substance, legal or illegal, which in sufficient quantity could cause impaired performance, except for authorized substances. "Work site" means any office, building, or property (including parking lots) owned or operated by the company, or any other site at which an employee performs work for the company. "Possess" means to have a drug or drugs either in or on an employee's person, personal effects, motor vehicle, tools, and areas entrusted to the employee such as desks, files and company vehicles.

IV. INSPECTIONS

1. For purposes of assuring compliance with the prohibition of possession of drugs, employees may be subject to inspection for drugs. Any refusal by the employee to submit to an inspection is an act of insubordination subject to disciplinary action.

2. An employee's person, work area, desk, files, company motor vehicle, and similar areas are subject to inspection for drugs at any time on a random or any other nondiscriminatory basis for purposes of complying with this policy. Similarly, an employee's own car, lunch box, personal containers, etc., may be inspected for drugs when brought onto any work site.

V. HELP AND MEDICAL TREATMENT

1. The company believes that drug use and abuse is an illness requiring medical treatment. In this regard, the company will:

(a) Encourage affected individuals to voluntarily seek medical help.

(b) Assist supervisors in dealing with associated problems related to the employee's work performance.

(c) Discourage supervisors, fellow employees, and possibly family members from "covering up" for the affected individual.

2. If the employee seeks help prior to discovery of drug use and abuse, then confidentiality, job security, and promotional opportunities of the employee will be protected; if the employee does not seek help for drug abuse, and the problem comes to the attention of the company, then the employee will be subject to disciplinary action.

3. The company may refer an employee to a drug use and abuse counseling agency for

help because of deteriorating job performance or excessive absenteeism of the employee associated with use and abuse of drugs.

VI. ELIGIBILITY FOR BENEFITS

Since misuse of drugs is a treatable illness, an employee participating in the company medical insurance program is eligible for insurance benefits as addressed in the insurance schedule for drug treatment.

VII. EFFECT ON COMPANY RULES

It is emphasized that recognizing drug use and abuse as an illness does not detract from company rules and regulations in respect to intoxication on the job, or having drugs on company property, which will continue to be enforced unless management approves otherwise.

VIII. DISCIPLINE

Any violation of this policy may result in summary discipline for the employee, up to and including discharge.

SIGNATURE

DATE

WITNESS

DATE



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Drug-Free Workplace Policy

Job Applicant Acknowledgement of Receipt and Understanding

I hereby acknowledge that I have received and read a summary of the Company's Drug-Free Workplace policy, a summary of the drugs, which may alter or affect a drug test. I have had an opportunity to have all aspects of this material fully explained. I understand that the full text of the Drug-Free Workplace policy is available upon request, I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge,

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs and alcohol. I understand that submission to such testing is a condition of employment with V.A, PAVING, INC., and disciplinary action up to and including discharge may result if: 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and release of liability as are usually and reasonable attendant to such examinations, 3) I refuse to authorize release of the test results to V.A, PAVING, INC., 4) the tests establish a violation of V.A. PAVING, INC. Drug-Free workplace policy, 5) I otherwise violate the policy. If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Worker's Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).

I ALSO UNDERSTAND THAT THE DRUG-FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND ME,

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

SIGNATURE

DATE

WITNESS

DATE



APPLICANT DRUG TESTING

CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow the Company to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized V.A. PAVING, INC. management for appropriate review, and authorize V.A. PAVING, INC. to use the test results as a defense to any legal action to which I am a party.

I understand that the results of the testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by V.A. PAVING, INC., I must abide by the terms of V.A. PAVING, INC. Drug Free workplace policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with V.A. PAVING INC. and disciplinary action, up to and including discharge, may result if I 1) refuse to consent to such testing, 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to V.A. PAVING, INC., 4) the tests establish a violation of V.A. PAVING, INC. Drug-Free workplace policy, 5) I otherwise violate the policy.

I hereby consent to the administration of the drug test and to the terms and conditions of the Consent Agreement.

Applicant's Print & Sign _____ Date _____

Social Security No. _____

Witness Signature _____ Date _____

I hereby refuse the drug detection urine test.

Applicant's Print & Sign _____ Date _____

Social Security No. _____

Witness Signature _____ Date _____

Drugs which may Alter or Affect a Drug Test

The following list is of the most common medication by brand name or common name, and chemical name that may alter or affect a drug test. The Department of Health and Rehabilitative Services list of common medications are:

I. Alcohol

All liquid medication containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contac Sever Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof.)

II. Amphetamines

Obotrol, Biphphetamine, Desoxyn, Dexedrine, Didrex

III. Cannabinoids

Marinol (Dronabinol, THC)

IV. Cocaine

Cocaine HCl topical solution (Roxanno)

V. Thencyclidine

Not legal by prescription

VI. Methaqualone

Not legal by prescription

VII. Opiates

Paregoric, parapocollin, Morphine, Tylenol w/Codeine, Empirin w.Codeine, Robitussin AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), Morphine Sulfate, Percodan, Vicodin, etc.

VIII. Barbituates

Pheobarbital, Tuinal, Florinal, Floriot, Butinol, Mebaral, Butabarbital, Butabital, etc.

IX. Benzodiazepines

Ativan, Azene, Clonopine, Daimane, Diasopan, Librium, Xanax, Valium, etc.

X. Methadone

Dolophine, Methadoso

XI. Propoxyphene

Davonet, Darvon N, Dolene, etc.