



Dear Applicant,

Thank you for considering Gator Dredging for employment. We are a drug-free workplace and in compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

**This Employment Application must be completed in its entirety.** Failure by the applicant to do so could delay or eliminate consideration for employment with Gator Dredging.

A final extension of offer of employment by Gator Dredging to any applicant seeking employment is contingent upon a negative pre-employment drug screen result and the successful completion of Gator Dredging's pre-employment orientation.

Position Being Applied For: \_\_\_\_\_

Preferred Employment Location: \_\_\_\_\_

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

Key notes:

- Make sure you sign your name where requested for the **Applicant Signature**.
- Should we need to verify more than one Previous Employer in regards to Employment History make sure you sign enough Verification of Employment forms to give us permission to contact each previous employer. (There must be 10 years of employment history. Make sure the dates of employment are filled in.)
- **Explain gaps in employment.**

If you should you have any questions regarding this application for employment contact Christy Vanderpool at (727) 527-1300 or Email [christy@gatordredging.com](mailto:christy@gatordredging.com).

Thank you for considering Gator Dredging as your choice for employment.

Sincerely,

Christy L. Vanderpool  
Office Manager /Human Resources

Enclosure:

- ♦ Application for Employment
- ♦ Drug-Free Workplace Policy
- ♦ Drug-Free Workplace Acknowledgement



**APPLICATION FOR EMPLOYMENT**

Applicant Print Name \_\_\_\_\_ Date of Application \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or inter-view(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR COMPANY USE (PROCESS RECORD)**

APPLICANT HIRED       REJECTED

DATE EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ LOCATION \_\_\_\_\_

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_

DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED       VOLUNTARILY QUIT       OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE

SUPERVISOR SIGNATURE \_\_\_\_\_



**APPLICATION FOR EMPLOYMENT**

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(First, Middle, Last)

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street, City, State, Zip)

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Position applying for? \_\_\_\_\_ How did you hear about this opening? \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage? \_\_\_\_\_

Are you a U.S Citizen or otherwise authorized to work in the U.S on an unrestricted basis? \_\_\_\_\_

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

What type of Driver's License? \_\_\_\_\_ Other: \_\_\_\_\_

Do you authorize Gator Dredging to run a check on your Driver's License? \_\_\_\_\_

Do you have a Passport? \_\_\_\_\_ Are you willing to travel? \_\_\_\_\_

Are you looking for full time employment? \_\_\_\_\_ If No, What hours are you available? \_\_\_\_\_

**PREVIOUS THREE (3) YEARS RESIDENCY – MANDATORY**

\_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip)

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(Street) (City) (State & Zip)

\_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip)

**EDUCATION**

Highest Grade Completed: \_\_\_\_\_ College: \_\_\_\_\_

Last School Attended: \_\_\_\_\_  
(Name) (City & State)

**EXPERIENCE AND QUALIFICATIONS - OTHER**

Summarize any education, special training, skills, licenses and/or certificates that may assist you in performing the position which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EMPLOYMENT HISTORY**

- List **ALL employers** for a total of **ten years** of employment. Start with most recent previous employer.
- **Account for any gaps** in employment between employers.
- Employer's address **MUST include**: street number and name, city, state and zip.

**LAST EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**\*Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** \_\_\_\_\_

\_\_\_\_\_

**SECOND LAST EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**\*Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** \_\_\_\_\_

\_\_\_\_\_

**THIRD LAST EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**\*Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** \_\_\_\_\_

\_\_\_\_\_



**FOURTH LAST EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**\*Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** \_\_\_\_\_

**FIFTH LAST EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**\*Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** \_\_\_\_\_

**SIXTH LAST EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**\*Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** \_\_\_\_\_

**SEVENTH LAST EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**\*Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** \_\_\_\_\_



**EIGHTH LAST EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**\*Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** \_\_\_\_\_

**NINTH LAST EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**\*Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** \_\_\_\_\_

**TENTH LAST EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Salary: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**\*Any Gaps In Employment and/or Unemployment Must Be Explained. Include Dates (Month/Year) and Reason:** \_\_\_\_\_

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## FAIR CREDIT REPORTING ACT

In processing your application for employment, or at any time during your employment period, Waterfront Property Services, LLC dba Gator Dredging may obtain a **“consumer report”** and/or an **“investigative consumer report”** for employment purposes, as authorized by the Fair Credit Reporting Act (FCRA). Federal law requires an employer to make a disclosure statement and to obtain written authorization from the applicant/employee prior to obtaining the report. If an **“investigative consumer report”** is procured, it is available to you, upon written request, along with a summary of your rights, as defined under FCRA.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Disclosure Statement

By this document, Waterfront Property Services, LLC dba Gator Dredging discloses to you that a **consumer report**, including an **investigative consumer report**, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment period. Please sign below to signify receipt to the foregoing disclosure.

### Authorization Statement

This shall authorize the procurement of a **consumer report**, including an **investigative consumer report**, by Waterfront Property Services, LLC dba Gator Dredging as a part of the pre-employment background investigation, or for employment purposes, during my employment period. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Waterfront Property Services, LLC dba Gator Dredging to procure **consumer reports** at any time during my employment period.

### Investigative Report Disclosure Statement

By this document, Waterfront Property Services, LLC dba Gator Dredging discloses to you that a **consumer report**, including an **investigative consumer report** containing, but not limited to, information concerning your prior employment, character, general reputation, education, military record, criminal record, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and/or for employment purposes at any time during your employment period. Should an **investigative consumer report** be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure and summary of your rights.

\_\_\_\_\_  
Signature of Applicant/ Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Human Resources Representative

\_\_\_\_\_  
Date



**VERIFICATION of PREVIOUS EMPLOYMENT**

**APPLICANT:** Complete SECTION 1 & 2.

**PREVIOUS EMPLOYER:** Complete SECTION 3. Please return completed verification via Fax (727) 499-9890 or Email [christy@gatordredging.com](mailto:christy@gatordredging.com)\*\*

**SECTION 1: Applicant Information**

Applicant Name (First, M.I., Last): \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**SECTION 2: Previous Employer Contact Information**

Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_

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

*Street Address*

*City, State, Zip*

**SECTION 3: Previous Employment**

Was the applicant an employee of your company:  Yes  No

When? START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

What was the applicant's position on the last day of employment? \_\_\_\_\_

What was the applicant's: Starting Salary? \_\_\_\_\_ Ending Salary? \_\_\_\_\_

What were the applicant's job responsibilities: \_\_\_\_\_

What was the applicant's reason for leaving? \_\_\_\_\_

Is this applicant eligible for rehire?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Position pending your prompt response.\**

**Thank You**





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Comments: \_\_\_\_\_

\_\_\_\_\_

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*\*Position pending your prompt response.\**

**Thank You**



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*Street Address*

*City, State, Zip*

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Is this applicant eligible for rehire?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Position pending your prompt response.\**

**Thank You**



## DRUG TEST CONSENT FORM

As an employee of Gator Dredging, I understand that the use of drugs, alcohol, and other controlled substances by employees creates a dangerous work environment. In consideration for my desire for a safe work environment, I hereby give my consent for the Company to conduct the drug tests it considers necessary as outlined in its Drug Test Policy. I understand that this drug test is a condition for employment.

I hereby allow the Company to take the necessary specimens from me to test for any controlled substance, and I authorize the laboratory or medical personnel retained by the Company for these tests to release the results to the Company for whatever use the Company deems appropriate.

Further, I release the laboratory or medical personnel conducting the drug test, the Company, and the Company's employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

I have read and understand this agreement, and I sign this without any coercion or duress by any individual or institution.

Applicant Print Name \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_