



# NEW EMPLOYEE APPLICATION

## INSTRUCTIONS:

PLEASE FILL OUT ALL PAGES ENCLOSED AND RETURN VIA EMAIL ([RECEPTIONIST@CJBRIDGES.COM](mailto:RECEPTIONIST@CJBRIDGES.COM)), VIA FAX (863.425.4144) OR HAND DELIVER IT TO OUR OFFICE AT 415 N. PRAIRIE INDUSTRIAL PARKWAY, MULBERRY, FL 33860. PLEASE INCLUDE A COPY OF YOUR I.D./DRIVER'S LICENSE AND A COPY OF YOUR SOCIAL SECURITY CARD WITH THIS APPLICATION.

**APPLICATION FOR EMPLOYMENT  
C.J. BRIDGES RAILROAD CONTRACTOR, LLC  
415 N PRAIRIE INDUSTRIAL PARKWAY, P.O. BOX 676, MULBERRY FL 33860**

C.J. BRIDGES RAILROAD CONTRACTOR, LLC MAINTAINS A DRUG-FREE WORKPLACE PROGRAM. ANY OFFER OF EMPLOYMENT IS CONDITIONAL TO PASSING A DRUG TEST. A PRE-EMPLOYMENT PHYSICAL MAY BE REQUIRED PER DISCRETION OF MANAGEMENT.

DATE: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

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

FIRST	MIDDLE	LAST	SOCIAL SECURITY NUMBER
PRESENT ADDRESS: _____			

STREET/P.O. BOX NUMBER	CITY	STATE	ZIP
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MAILING ADDRESS: \_\_\_\_\_

STREET/P.O. BOX NUMBER	CITY	STATE	ZIP
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CONTACT PHONE # : ( ) \_\_\_\_\_ MOBILE HOME OTHER \_\_\_\_\_ (CIRCLE ONE)

EMAIL ADDRESS: \_\_\_\_\_

18 YEARS OLD OR OLDER? YES \_\_\_ NO \_\_\_

DRIVERS LICENSE: YES \_\_\_ NO \_\_\_ DRIVERS LICENSE # \_\_\_\_\_

DO YOU HAVE A "CURRENT" POLK STATE COLLEGE FLORIDA PHOSPHATE PRODUCER CARD?

YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE A "CURRENT" MSHA 5000.23 CERTIFICATE?

YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW?

YES \_\_\_\_\_ NO \_\_\_\_\_

A conviction does not automatically mean you cannot be appointed. What you were convicted of and how recently will be evaluated in relation to the position for which you are applying. Give all facts so that a decision can be made. If your answer is "YES", list all convictions against you in a court of law to include criminal convictions, traffic violations convictions within the last three years (other than parking), and/or accidents in which you have been charged. You may omit (1) Traffic violations for which you paid a fine of \$30.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in juvenile court or under a youth offender law.

DATE	PLACE OF OCCURRENCE	CHARGE/ VIOLATION OR ACCIDENT	ACTION	REMARKS

Do you speak English? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you read and write English? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you need an interpreter for training and orientation? Yes \_\_\_\_\_ No \_\_\_\_\_

WORK HISTORY: Begin listing with present/last employer and list all employers. If necessary, use blank sheets and attach them to this form.

EMPLOYER NAME/ADDRESS CITY/STATE/PHONE #	DATE EMPLOYED FROM/TO (MO/DAY/YR)	SUPERVISOR'S NAME	TITLE OF YOUR POSITION
			SALARY:

Describe the work you did, equipment used, supervisory responsibilities, etc.

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Reason for leaving

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EMPLOYER NAME/ADDRESS CITY/STATE/PHONE #	DATE EMPLOYED FROM/TO (MO/DAY/YR)	SUPERVISOR'S NAME	TITLE OF YOUR POSITION
			SALARY:

Describe the work you did, equipment used, supervisory responsibilities, etc.

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Reason for leaving

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WORK HISTORY CONTINUED:

EMPLOYER NAME/ADDRESS CITY/STATE/PHONE #	DATE EMPLOYED FROM/TO (MO/DAY/YR)	SUPERVISOR'S NAME	TITLE OF YOUR POSITION
			SALARY:

Describe the work you did, equipment used, supervisory responsibilities, etc.

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Reason for leaving

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EMPLOYER NAME/ADDRESS CITY/STATE/PHONE #	DATE EMPLOYED FROM/TO (MO/DAY/YR)	SUPERVISOR'S NAME	TITLE OF YOUR POSITION
			SALARY:

Describe the work you did, equipment used, supervisory responsibilities, etc.

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Reason for leaving

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May we contact your present employer: Yes \_\_\_ No \_\_\_  
 Are you now employed? Yes \_\_\_ No \_\_\_ If appointed, when can you start? \_\_\_\_\_  
 Are you available to work fulltime? Yes \_\_\_ No \_\_\_  
 Would you be willing to work flexible schedules? Yes \_\_\_ No \_\_\_  
 Have you been previously employed here? Yes \_\_\_ No \_\_\_  
 Minimum Acceptable Salary \$ \_\_\_\_\_

EDUCATION / TRAINING: HIGH SCHOOL, COLLEGE OR ADDITIONAL TRAINING

NAME/ADDRESS OF SCHOOL TRAINING	ATTENDED FROM/TO MO/DAY/YR	GRADUATE YES OR NO	ACADEMIC HOURS	DEGREE OR CERTIFICATE

REFERENCES:

List four persons (preferably who you have known for at least one year) who are not related to you and who have knowledge of your qualifications, character, and/or abilities for the position you are applying.

NAME	MAILING ADDRESS/CITY/STATE	TELEPHONE#	BUSINESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person to be notified in emergency: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_  
 Address can be reached during work: \_\_\_\_\_

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## SAFE DRIVER POLICY

Any applicant applying for a position with **C.J. BRIDGES RAILROAD CONTRACTOR, LLC** that requires they possess a valid Florida Driver's License, Chauffeur's license or a Commercial Driver's License at the time of employment may not be given consideration for employment if their driving record reflects they:

1. Have been convicted of an alcohol/drug related offense within the 36 months prior to making application.
2. Have a suspension, revocation, or restriction due to moving violations within the 36 months prior to making applications.
3. Have a license permitting them to travel "To and From" work only.
4. Have accrued 12 points within the 24 months prior to making application.
5. Have accrued 18 points within the 36 months prior to making application.

All applicants for these positions must be 18 years of age or older.

### **CERTIFICATION:**

I certify that I have read and understand the job description for the position of \_\_\_\_\_ and that I can perform the essential functions of this position. I also certify that all statements made on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that misrepresentation of facts shall be considered basis for rejection of application or discharge if employed. My signature authorizes my previous employer to release any information regarding my past employment.

Signature of applicant: \_\_\_\_\_

Date of applicant: \_\_\_\_\_

Maiden or Previous Married Name: \_\_\_\_\_

### **C.J. BRIDGES RAILROAD CONTRACTOR, LLC IS AN EQUAL OPPORTUNITY EMPLOYER. M/F/D/V**

No person shall, on the basis of race, color, sex, age, religion, national origin, disability, or marital status be excluded from participation in, be denied the benefits of, or subjected to discrimination under any program or activity for **C.J. BRIDGES RAILROAD CONTRACTOR, LLC**



## NOTICE TO APPLICANTS

C.J. Bridges Railroad Contractor, LLC the Company has established and maintains a Drug Free Workplace Program. This Drug Free Workplace Program is in conformity with chapter 440102 Fla. Stat., its implementing regulations and Federal law.

As part of this program, offers of employment are expressly conditioned upon passing a drug test. In addition, employees of the Company may be subject to drug testing under those conditions outlined in the Company's Drug and Alcohol Policy Statement.

For persons receiving conditional offer for employment, failure to submit to drug testing or refusal to submit to drug testing when required by the Company shall terminate any job offer. For employees failing a drug test or refusing to submit to a drug test will result in action against an employee up to and including termination of employment.

Persons receiving a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer (MRO) the use of prescription or non-prescription medications both before and after being tested. Additionally, job applicants shall receive a list of common medications, which may alter or affect a drug test. Job applicants will also be given the names, addresses, and telephone numbers of local drug and alcohol and drug rehabilitation programs.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within five (5) working days after written notification of the test results. A job applicant will also have an opportunity to request a retest at the job applicant's expense. If a job applicant's explanation or challenge is unsatisfactory, the job applicant may contest the drug test results pursuant to rules adopted by the Department of Labor and Employment Security of the Agency for Health Care Administration.

The job applicant also has the responsibility to notify the laboratory or clinic conducting the drug test of any administrative or civil action brought involving the drug test conducted by that laboratory or clinic.

The job applicant also has the right to consult the testing laboratory or clinic for technical information regarding prescription and non-prescription medications. In addition, each job applicant will be given a list of substances to be tested prior to administration of the drug tests. All test results will remain confidential except as allowed by law. The Company will provide all job applicants with a copy of the Company's Drug and Alcohol Abuse Policy Statement prior to administration of a drug test.

Nothing in this Notice will affect these rights provided in any bargaining agreement between the Company and its employees. Refusal to complete and sign this document will result in withdrawal of any offer of employment.

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

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



## EMPLOYEE DRUG TESTING AND CONSENT AND RELEASE

**This form should be completed by all Applicants:**

Pursuant to my continued/potential employment, I understand that C.J. Bridges Railroad Contractor, LLC, the Company requires all employees to submit to and pass a drug test under certain conditions as required of its Drug Free Workplace Program. I hereby consent to submit to a urinalysis or other test as required by the Company for testing for the presence of illegal drugs or alcohol abuse. I agree that a clinic or laboratory approved by the Florida Agency for Health Care Administration may collect and test any specimens I provide for these tests. I further agree to authorize the release all test results of these tests to the Medical Review Officer employed or retained by the Company to the President of the Company, and to such other management personnel as may require this information as a need to know basis. My understanding is that any information acquired from these tests will be confidential and between the Company and the Medical Review Officer except as otherwise provided by law. If I place the test or its results in issue in any administrative, legal or other proceedings I acknowledge that I waive my right to confidentiality.

I further agree to release and hold the Company its agents, employees and assigns, including the laboratory collecting and conducting these tests harmless from any liability arising in whole or in part of the collection or testing of the specimen I provide or from the use of the information derived from these tests in consideration of my employment application.

I have carefully read this Consent and Release form and understand it completely. I understand that failure to comply with any of the requirements of the Company Drug and Alcohol Abuse Policy, including my refusal to read and sign this Consent and Release, will be grounds for dismissal. I am signing this form voluntarily and have not been coerced nor placed under duress by any applicant.

Applicant \_\_\_\_\_

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

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

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

Applicant Social Security Number: \_\_\_\_\_





### **Disclosure to Employee Regarding Procurement of a Consumer Report**

In connection with your employment, C.J. Bridges Railroad Contractor, LLC may obtain a consumer report on you in keeping with good business practice and complying with our customer's requirements. These reports will include public record information such as your driving record and your criminal history.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights.

### **Employee's Authorization and Release**

I hereby authorize C.J. Bridges Railroad Contractor, LLC to obtain reports about me as described above for the purpose of qualifying me for continued/future employment based on criteria set by C.J. Bridges Railroad Contractor, LLC or any of its current or future customers.

I acknowledge receipt of a summary of my specific rights as pertains to the Fair Credit Reporting Act and by my signature below, hereby release and hold harmless C.J. Bridges Railroad Contractor, LLC (including all owners, directors, officers and employees or heirs of same), any and all current or future customers (including all owners, directors, officers and employees or heirs of same), the reporting company or agency used to conduct searches and all other entities from which the consumer reports are obtained, from any claim or liability related to obtaining, compiling or releasing such reports.

This same release and hold harmless clause applies to decisions made by any of the above parties which may modify my employment on a particular job site or terminate my employment with C.J. Bridges Railroad Contractor, LLC due my failure to meet requirements mandated by C.J. Bridges Railroad Contractor, LLC or any of their current or future customers.

I also agree that this authorization and release will remain on file for the term of my employment and will serve as an ongoing authorization to obtain consumer reports related to my employment.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
State

\_\_\_\_\_  
Date