



Stewart Development, LLC

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Application Date: _____

PERSONAL DATA (Please print in ink or type)

Name:

LAST FIRST MIDDLE

Address:

STREET CITY STATE AND ZIP CODE

Telephone () _____

Are you 18 years of age or older? ____ Yes ____ No

EMPLOYMENT DESIRED

Position applied for: _____ Salary desired \$ _____

Type of employment desired:

____ Full Time ____ Part Time ____ Temporary ____ Summer

Are you employed now? _____ Where? _____

Are you on a layoff subject to recall? ____ Yes ____ No

When could you be available to begin work? _____

Do you have transportation to work? ____ Yes ____ No

Do you have any limitation(s) which may affect your ability to safely or effectively perform the position which you have been offered? ____ Yes ____ No

Are you available to work the following schedules?

a. Evening Hours ____ Yes ____ No c. Rotational work schedule ____ Yes ____ No
b. Overtime ____ Yes ____ No d. Weekends ____ Yes ____ No

Have you applied for employment here before? ____ Yes ____ No

If yes, give date(s) _____

Do you have any relatives or friends working for our Company? ____ Yes ____ No

If yes, give name(s) and relationship(s) _____

Who referred you to the Company? _____

This Application will be active for 90 Calendar Days.

Applicant Initials

Chicago 87562.1

Please list and explain your familiarity with office equipment such as computer, calculator, copy machine, fax machine, typewriter_____

Are there any other experiences, skills or qualifications which you believe would especially qualify you for the position you are seeking? _____

Please list your last three employers, starting with your present or last employer first.

EMPLOYER NAME & ADDRESS		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
Job Title Phone Supervisor Reason for Leaving				
		HOURLY RATE/SALARY		
		STARTING	FINAL	
EMPLOYER NAME & ADDRESS		DATES EMPLOYED		WORK PERFORMED
Job Title Phone Supervisor Reason for Leaving		FROM	TO	
		HOURLY RATE/SALARY		
		STARTING	FINAL	
EMPLOYER NAME & ADDRESS		DATES EMPLOYED		WORK PERFORMED
Job Title Phone Supervisor Reason for Leaving		FROM	TO	
		HOURLY RATE/SALARY		
		STARTING	FINAL	

No. You may not contact them.

EDUCATION

Type of School	Name and Address of School	Dates Attended		Graduated		Types of Degree, Diploma or Certificate and Major/Minor Fields of Study	Academic Standing	
		From Mo/Yr	To Mo/Yr	Yes	No		Average out of Base (eg 3.0/4.0)	Class Quartile
High School (Last Attended)								
All Vocational Schools, Technical Institutes and Junior Colleges								
All Colleges Or Universities								
Other Training Includes Military Schools and Equivalency Diplomas								

Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extra-curricular activities you consider significant. _____

Emergency contact information: _____

CRIMINAL AND CIVIL HISTORY

Have you ever been convicted in the last seven (7) years of any criminal offense (felony or misdemeanor); or pleaded nolo contendere (no contest) to a criminal offense (misdemeanor or felony); or pleaded guilty to a criminal offense (misdemeanor or felony); or been found guilty of a criminal offense (misdemeanor or felony)? [This question includes any and all instances of the foregoing, even if adjudication was withheld.]

_____ Yes _____ No If yes, describe in full including type of crime, the date of the conviction, and the penalty imposed: _____

Are any criminal charges (felony or misdemeanor) currently pending against you, or are you about to be charged with any criminal offense (felony or misdemeanor)? Yes _____ No _____ If yes, please describe: _____

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor.

I certify the above answers to be true and correct. I understand that any false or misleading answers to these questions will be sufficient reason for denial of benefits under the Florida Workers' Compensation Act. and basis for termination of employment. I also understand that my answers maybe verified by investigation.

Employee Signature: _____ Date: _____

EMPLOYEE AGREEMENT

1. In recognition of the fact that any work related injuries which might be sustained by me are covered by state workers' Compensation statutes and to avoid the circumvention of such statutes which may result from suits against the customers or clients of Stewart Development, LLC. or against Stewart Development, LLC. based on the same injury or injuries, and to the extent permitted by law. I hereby waive and forever release any rights I might have to make claims or bring suit against any Clients or customers of Stewart Development, LLC. or against Stewart Development, LLC. for damages based upon injuries which are covered under such workers' compensation statutes. I also agree to comply with any drug testing policy, which Stewart Development, LLC. may adopt, and I specifically agree to post-accident drug testing in any situation where it is allowed by law.
2. I also agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination, because of race, sex, age, religion, color, veteran status, retaliation, nation origin, handicap, disability, or marital status, or if I am subject to any type of harassment including sexual harassment. I will immediately contact Stewart Development, LLC. Human Resources Director at 1-352-351-2412 in order to obtain assistance in the resolution of such matters.
3. I understand that I will receive my daily instructions from the co-employer to whom I have been assigned. There will be a 90 day probationary period at which time any party can terminate employment without further obligation.
4. Stewart Development, LLC is a drug-free workplace. It is Stewart Development, LLC. policy that all employees are prohibited from the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance including alcohol in the work place, and remote job sites. Drug and alcohol testing will occur after every job related accident and benefits will be denied if test are positive to the extent allowed by law. Testing shall also occur if there is reasonable suspicion of violation of a company policy. Any employee violating this policy will be subject to immediate discharge. Clients and employees who do not understand this policy should contact Stewart Development, LLC Human Resources Director at 352-351-2412 x4 for clarification.

I understand a post offer drug screen is required. I also agree to reimburse Stewart Development, LLC for the \$35.00 drug screen fee if I do not pass this test.

I understand that I may be eligible or become eligible for certain benefits under the group provided by Stewart Development, LLC. Furthermore, I understand, in order for my benefits to be effective, I must complete my assigned benefit waiting period and submit the required employment forms/correspondence prior to my effective date of coverage. I acknowledge that it is my responsibility and/or appropriate family member(s) to read and understand the various benefits plans presented to me in my benefit package. I also understand that I should refer to the plan documents for detailed information regarding benefit provisions and that the provisions may be subject to change. I understand that if I enroll, my choices must remain in effect the following annual enrollment unless I experience a qualifying event.

I understand that it is my responsibility to contact the Stewart Development, LLC. (352)351-2412x4 to request a benefit package if I am interested in obtaining benefits that may be available to me during my assigned benefit waiting period.

I understand that I am responsible for obtaining confirmation of my assigned benefit waiting period from my on-site Supervisor or contact the Stewart Development, LLC. office. Furthermore I understand I understand that if I do not return my signed enrollment form to Stewart Development, LLC. after I begin working as an eligible employee and before the date my coverage is to be effective, this will be considered a refusal of group coverage. I understand that if I do not elect benefits at the time of my initial eligibility. I will not be permitted to enroll or make mid-year election changes unless a qualifying event occurs.

I understand that if I experience a qualifying event and would like to enroll, I must notify Stewart Development, LLC, and submit the required forms and documentation within 30 days of my qualifying event or I will not be permitted to make changes or enroll until the following annual enrollment. Furthermore, I understand if I request coverage for myself and eligible dependents at a later date, I may be requested to furnish evidence of good health for each individual, and the plan(s) reserve the right to reject any such request for coverage.

I understand that I must meet the eligibility requirements for coverage to be effective. If a premium is deducted and I do not meet the eligibility requirements, the premium will be refunded.

Employee Signature: _____ Date: _____

ACKNOWLEDGEMENT

I certify that the information provided by me herein is 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. I further authorize my former employers to furnish all information pertaining to my employment with that employer and hereby release my former employers from any and all liability on account of furnishing such information. I understand that omissions or false or misleading information given on my application or during an interview(s) may result in the rejection of my application or my discharge if I am hired by the Company. I understand that I am required to abide by all rules and policies of the Company. I understand that if I become employed by the Company, I will be employed solely on an "at-will" basis and not for any specific duration of time. The Company and/or I can terminate the employment relationship at any time for any reason or no reason at all, with or without notice. I understand Stewart Development, LLC is a drug-free workplace and that a pre-employment drug screen is required.

SIGNATURE OF APPLICANT

DATE

For office use only:

Interviewed by: _____ Date: _____

Remarks: _____

Hire: ☐ Yes ☐ No. Position: _____ Location: _____
Salary/wage: _____ Start date: _____

Approved by: _____

(Signature)