

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)

CABLE MARINE, INC.

WEST - 2491 S.R. 84, Ft. Lauderdale, FL 33312
EAST - 1517 S.E. 16th St., Ft. Lauderdale, FL 33316
CORP - 3330 S.W. 3rd Ave., Ft. Lauderdale, FL 33315

A Drug-Free Workplace / An Equal Opportunity Employer

We Consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, martial or veteran status, or any other legally protected status.

(Please Print)

Position Applied For

Date of Application

PERSONAL INFORMATION

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Social Security Number

Telephone Number

In Cast of Emergency, Contact

Telephone Number

Relationship

Federal law prohibits the employment of unauthorized aliens. Proof of citizenship or immigration status and identity (valid driver's license, birth certificate, Green Card, etc.) will be required upon employment.

GENERAL QUESTIONS

1. Is there any information we would need about your name or use of another name for us to be able to verify your work record? Please specify: _____
2. Do you have any relatives who are presently (or have formerly been) employed by Cable Marine, Inc.? _____
3. Have you ever been employed with us before Yes No

EMPLOYMENT EXPERIENCE (List Below Last Three Employers, Starting with present or last job)

1.

Company Name	Position Held
Date Employed	Hourly Rate / Salary
Telephone	Reason For Leaving

2.

Company Name	Position Held
Date Employed	Hourly Rate / Salary
Telephone	Reason For Leaving

3.

Company Name	Position Held
Date Employed	Hourly Rate / Salary
Telephone	Reason For Leaving

EDUCATION

	School Name	Years Completed	Degree
Elem / Jr. High			
High School			
College			
Tech. Training			
Other			

WORK AVAILABILITY

1. If your application receives favorable consideration, when will you be available to begin work? _____

2. Do you have any objection to working overtime Yes No

3. Can you work overtime without prior notice? Yes No

4. Can you work on Saturday? Yes No

5. Can you work on Sunday? Yes No

6. Can you travel if required by this position? Yes No

SPECIAL QUESTIONS

1. Have you ever been convicted of a felony within the last 7 years?. Yes No
(You will not be denied employment solely because of a conviction record)

If yes, explain: _____

2. The position for which you are applying may require driving a company vehicle, has your license been revoked or suspended in the last 5 years? Yes No

3. Have you ever had a work related injury or filed a workers compensation claim? Yes No

If yes, explain: _____

HOURLY RATE / SALARY REQUIREMENTS

If your application receives favorable consideration, what hourly rate/salary would you require?
\$ _____ per _____

APPLICANT'S STATEMENT

"I CERTIFY THAT THE FACTS CONTAINED IN THE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION MAY RESULT IN DISCHARGE.

I HAVE READ THE COMPANY INTRODUCTORY PERIOD LETTER. I UNDERSTAND THAT IF HIRED BY THE COMPANY, MY FIRST 90 DAYS WILL BE AN INTRODUCTORY PERIOD WITH NO COMPANY BENEFITS ACCRUED UNLESS REQUIRED BY LAW. PERMANENT EMPLOYMENT STATUS WILL BE REVIEWED DURING THIS PERIOD.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE. WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME, WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

I AUTHORIZE ANY INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND AGREE THAT, IF HIRED, 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 PRIOR NOTICE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

Date

Applicant Signature

***DRUG SCREENING & PHYSICAL EXAMINATION
APPLICANT CONSENT***

I hereby give my consent to a physical examination, including but not limited to the collection of a blood, urine or breath sample to be submitted for an abuse of alcohol, drug, controlled substance, or any combination thereof, screening test. Further, I hereby consent to the release of the test results to those company officials who make employment decisions for the company. I understand that any positive result from such test, like any other pre-employment investigation, which indicates my inability to perform satisfactory the job for which I am applying, may preclude my employment. Further I understand my failure to execute this voluntary consent will result in my not being further considered for employment.

Date

Applicant Signature

FOR EMPLOYER USE ONLY

Interviewed by: _____ Date: _____

Position: _____ Hired: Yes No Rate of Pay _____

Physical Scheduled: Yes No Start Date: _____

Approved By: _____ Title: _____

Notes: _____