

LAMBERT BROS. INC

823 NW 57th Street
Fort Lauderdale, Florida 33309
Phone: (954) 491 ~ 9380
Fax: (954) 491 ~ 9425

An Equal Opportunity Employer
Only solicited applications for specific job vacancies will be accepted

PLEASE PRINT PLAINLY

Name: _____ Age/DOB _____ SSN: _____

Present Address: _____ Phone: _____

City, State, Zip: _____

Position Desired: _____ When Available: _____ Salary Expected: _____

Do you have your own tools, describe? _____

Any special skills or qualifications? _____

Any experience with hand held heavy power and pneumatic equipment? _____

Have you ever been convicted of a felony? _____ If yes, explain _____

Are you aware of all job related functions of the position for which you are applying? _____

Are you able to perform all job related functions of this position with or without accommodation? _____

EDUCATION AND TRAINING

Last School Attended: _____ Major: _____

Last Year Attended: _____

HEAVY CONSTRUCTION EQUIPMENT YOU ARE QUALIFIED TO OPERATE:

<u>TYPE</u>	<u>MODEL/ SIZE</u>	<u>YEARS OF EXPERIENCE</u>
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Do you have a journeyman's license _____ If yes, State: _____ Lic.#: _____ Craft: _____ Yr. _____

WELDING:

Type: Structural Pipe Process Stick MIG TIG Other

Date of your last welding test _____ Certified: _____

DRIVING:

Yrs. of driving experience _____ D.L.# _____ State

Class _____ Exp. Date _____ Have you ever been convicted of DWI/DUI

LIST OTHER TRADE SKILLS:

WORK EXPERIENCE

Account for the last 10 years of work history, including all periods of unemployment. Use additional pages, if necessary.

Employer _____ Employed from _____ To _____
Address _____ Your Position: _____
Describe your duties _____
Supervisor's Name _____ Phone Number _____
Starting Rate _____ Final Rate _____
Reason for Leaving _____

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Address _____ Your Position: _____
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Starting Rate _____ Final Rate _____
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Address _____ Your Position: _____
Describe your duties _____
Supervisor's Name _____ Phone Number _____
Starting Rate _____ Final Rate _____
Reason for Leaving _____

PERSONAL REFERENCES

List three (3) Personal References:

Name Address Phone Occupation

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? _____ If yes, what branch? _____
Dates of Duty: From: _____ To _____ Rank at discharge? _____
List duties in the service, including special training: _____

I certify that I am a citizen of the United States, or legally eligible for employment in the United States. (If not a citizen, I will provide evidence of the fact that I am legally employable.) I further certify that the informed I have submitted is true. The penalty for false or omitted information on an application is dismissal. I understand that if offered employment, either Lambert Bros., Inc. or I may terminate our employment relationship with or without cause at any time. I acknowledge that if hired, I will be required to complete a medical history statement. This application form supercedes any previous application form and is valid for only 7 days; any unsolicited information voids this application.

Applicant signature Date

I understand that if I am offered a position with Lambert Bros., Inc., employment is at will and that all craft workers, supervisors and laborers understand that working with Lambert Bros., Inc. includes projects that are in an outdoor environment during all seasons of the year, that I will be required to be able to lift 75 pounds, bend and climb consistent with job classifications (does not apply to office personnel).

Applicant signature Date

I understand that if I quit or am fired for any reason other than lack of work during the probationary 90-day period, the \$35.00 drug testing fee will be deducted from my final paycheck.

Applicant signature Date