



COMPLETE
PROPERTY
SERVICES

P.M / Supervisor Printed Name: _____

Report ID# (Office): _____

Date (Office): _____

1. By this document (Employer's Name) Complete Property Services, LLC discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.

2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.

3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, workers comp claims, character and personal reputation. I also understand you may make use of the Internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/ criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

CA, MN, OK RESIDENTS ONLY: As part of a routine background investigation, we may request a consumer credit report from a consumer credit reporting agency or one of its associated companies. If we do so and you wish them to send you a free copy of this consumer credit report, please check here:

My signature below also indicates that I have received a [Summary of rights](#) in accordance with the Fair Credit Reporting Act.

Applicant's Signature: _____

Print name: _____ Date: _____

Other names used: _____ Date of Birth: _____

Social Security Number: _____ Home/Cell Phone #: _____

Email address: _____

Driver's License #: _____ State: _____

Current Address: _____ City: _____ Zip Code: _____

Previous Address: _____ City: _____

State: _____ Zip Code: _____

Have you served in the U.S. Military? Yes No Date you were discharged: _____

Do you use illegal drugs? Yes No

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change? _____

Have you ever held a position of trust (handling money, or confidential material)? Yes No

Do you have a valid Driver's license? Yes No Driver License # _____

If NO how are your going to get to work? _____

Do you have steady transportation to work? Yes No

Have you ever been discharged or asked to resign? Yes No

Are there any other experiences, skills or qualifications you have that specifically relate to working here?

Do you have any friends or relatives that currently work here? Yes No Name: _____

Can you perform the construction duties of the job you are applying for without help? Yes No

Examples: Moving extension ladders by yourself? Lifting 50 pounds?

If No, please explain: _____

EDUCATION INFORMATION

Schooling	Years completed	Degree Received and Major Sub.	Name of School	Location	Did you Graduate?
Grammar or High School					
Trade Bus. Or Correspondence					
Graduate School					

Describe another specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment, State whether degree or certificate was received.

PRIOR WORK RECORD (Start with most recent or present employer)

1) Name and address of most recent employer _____
Phone Number: _____ Date Hired: _____ Salary Rate: _____
Immediate Supervisor (Name & Position): _____
Your Job Title & Duties: _____
Date Left: _____ Last Rate: _____
Reason for Leaving: _____

2) Name and address of most recent employer _____
Phone Number: _____ Date Hired: _____ Salary Rate: _____
Immediate Supervisor (Name & Position): _____
Your Job Title & Duties: _____
Date Left: _____ Last Rate: _____
Reason for Leaving: _____

3) Name and address of most recent employer _____
Phone Number: _____ Date Hired: _____ Salary Rate: _____
Immediate Supervisor (Name & Position): _____
Your Job Title & Duties: _____
Date Left: _____ Last Rate: _____
Reason for Leaving: _____

4) Name and address of most recent employer _____
Phone Number: _____ Date Hired: _____ Salary Rate: _____
Immediate Supervisor (Name & Position): _____
Your Job Title & Duties: _____
Date Left: _____ Last Rate: _____
Reason for Leaving: _____

May we contact the employer listed above? Yes No If not, indicate by No, which one(s) you do not wish us to contact.

REFERENCES (Do not list relatives or former employers)

Name: _____ Address: _____ Phone _____ Occupation _____
Name: _____ Address: _____ Phone _____ Occupation _____
Name: _____ Address: _____ Phone _____ Occupation _____
Name: _____ Address: _____ Phone _____ Occupation _____

The facts set forth above in my application for employment are true and complete. I understand that if employed false statements or omission of information on this application, a resume, or other applicant information provided may be considered sufficient reason for dismissal. I understand that consumer reports which may contain public record information may be requested from the reporting agency. These reports may include information as to my character, work habits, performance, and experiences along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, and other experiences. I understand that I have the right to make written request within a reasonable period of time to receive additional detailed information on about the nature and scope of this investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize the past employers all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract or promise of employment for any specific length of time.

Signature of Applicant

Date

CPS Pre-employment Experience Self -Evaluation

CPS Evaluacion personal de experiencia en este tipo de empleo

Experience:		Check Category 1 - S 1 = Apprentice 5 = Journeyman	Experiencia en:	Anos de experiencia	Categorize su abilidad 1-Novato 5-Mecanico
Part A:			Parte A:		
Caulking			Caulking		
Silicone Sealants			Glasear con silicona		
Structural Sealants			Silicones y selladores estructural		
Urethane Sealants			Sellado res de Urethane		
Pressure Washing			Lavar a pression		
Structural Concrete Repairs			Reparaciones estructural de concreto		
Carpentry Form/ Bldg.			Carpinteria / Montando formas		
Rod Buster			Montando barrillas de acero		
Patching (Overhead/Vertical)			Parches de restoracion / en concrete		
Stucco Repairs			Reparaciones de estuco		
Lather			Installation de Lath para estuco		
Epoxy Injection			Inyecciones de epoxy		
Chemical Grout			Usando lechada quimica / chemical grout		
Urethane Deck Systems			Applicar Urethane coating en pisos		
Acrylic Knockdown Systems			Sist emas decorativos de Deck Coating		
Hot Applied Systems			Sistema caliente de deck waterproofing		
Cold Applied Systems			Sistema frio de deck waterproofing		
Sand Blasting			Sand blasting / con arena		
Tuck Pointing			Pointing de ladrillos		
Carbon Fiber			Installando de fibra de carbon		
Expansion Joints Wabo/ Emseal			Sellando uniones de expansion/ Emseal etc.		
Part B:			Parte B:		
Airless Sprayer/ ing			Pintura de aerosol		
Airless Packing Replacement			Areglar equipo de pintura de aerosol		
Spray Cup Gun			Pintura con pistiol a de copa		
Spray Gun Maintenance			Manten imiento de pistola de copa		
Electrostatic Sprayer			Pintura electo-estatica		
M asking			Instalacion Cinta adhesiva/ tape		
Patching			Parches		
Acrylic Coatings			Pinturas Acrilicas		
Elastomeric Coatings			Pinturas de waterproofing/ acrilicas		
Industrial Coatings			Pinturas industriales		
Interior Painting			Pinturas interiores		
Sheet Rock Repairs			Reparaciones de paredes seca / drywall		
Window Sill Repairs			Areglo de base de ventana		
Part C:			Parte C:		
Swing Stage			Andamio de cables		
Swing Stage Set up Beams			Montar andam ios con vigas		
Swing Stage Set up Hooks			Montar andamios con ganchos		
Mast Climber			Andamio de torres / mast climber		
Fixio Climber			Andamio de torres / fixio climber		
Tallest Bldg Worked On () # of floors			Edificio mas alto que has trabajado # de pisos ()		
Scaffolding Mason			Andamio de tubas/ de albaiiii		
Scaffolding Baker			Andamio de tubas/ de baker		
Booms / Hi Reach			Boom -lift telescopico		
Scissors lift			Boom-lift de tijeras		
Ladder Jacks			Ladder Jacks/ de escaleras		
Forklift/ Lull			Caretilla elevadora / telescopica / fork lift		
Tallest Equipment used () feet			Equipo usado mas alto en pies ()		
Bobcat			Bobcat		
Heavy Equipment			Equipo pesado		

Certifications

Please check any Certifications you have and the expiration date:

	Check Here	Expiration date	
OSHA 10 Hour			No Expiration date
CPR			2 years recommended
Safety Orientation			No Expiration date
Swing Stage			3 years Expiration date
Aerial Platform			5 years Expiration date
Fork Lift & Lull			3 years Expiration date
Scaffold OSHA subpart L			No Expiration date
Respiratory			1 year Expiration date
Buck Hoist			No Expiration date
Asbestos/Lead			1 year Expiration date
DOT Physical			1 year Expiration date

COMPLETE PROPERTY SERVICES, LLC

Corporate Safety Policies

Personal Protective Equipment

1. Hard Hats to be worn on all jobs by all employees of CPS (**no exceptions**)
2. No shorts to be worn on any project
3. All shirts must have sleeves
4. Work boots must be worn on all jobs. (**no tennis shoes**)
5. Safety glasses to be worn during any operation that involves danger to your eyesight
6. Face shields to be worn along with your safety glasses during any grinding operation
7. Dust masks to be worn during any operation involving dust, fumes or particles
8. Leather gloves to be worn when working around or lifting metal or sharp items of any kind
9. Back braces to be worn when lifting equipment or material
10. No use of alcohol or drugs permitted on any job at any time
11. All non emergency treatment for accidents must be authorized by the Office first
12. Report all job accidents immediately to you Supervisor
13. Wear seat belts at all times in Company Vehicles
14. You are responsible for keeping the area where you work NEAT and CLEAN
15. DO NOT REMOVE OR BYPASS any guards on any machinery, at any time.
16. Advise your Supervisor if you need additional equipment or instruction to get the job done safely
17. Lift with your legs and not with your back. Get assistance with loads over 50 lbs.
18. Advise your Supervisor of any Hazardous conditions
19. Follow all other written and spoken safety rules.

Personal Safety Precautions

1. Absolutely forbidden the use of firearms, knives and/or any sharp objects that can be used as a weapon in the workplace.
2. No radios or personal music devices to be used on any project
3. No phones to be used on jobs except for business and emergencies
4. No exposed jewelry to be worn on jobsites
5. No smoking on jobsites, (**except in designated areas**)
6. No baggy clothes

Penalties for violation of company safety rules

1. **FIRST OFFENSE:** Verbal Warning / **Written Documentation**
2. **SECOND OFFENSE:** Written Warning / **One week Suspension**
3. **THIRD OFFENSE:** Employee is / **DISMISSED**

FLAGRANT VIOLATIONS

1. **Failure to properly wear a safety harness, hooked to a properly rigged, independent lifeline, while working from a swing scaffold or other surface that requires a safety belt.**
2. **Reporting to work under the influence of ALCOHOL or DRUGS or consuming either during the workday.**
3. **Unauthorized removal, defeating or destroying of a required safety guard or device.**

ANY OF THE ABOVE THREE **"AUTOMATIC DISMISSAL"**

I HAVE READ THESE RULES, UNDERSTAND THEM AND WILL OBEY THEM FOR MY OWN BENEFIT.

Michael Krueger, CEO

Safety Director

Employee sign

Date

Employee Print Name

* Where injury is caused by the willful refusal of the employee, the use of safety equipment or to obey safety rules, the compensation benefits can be reduced by (25%), (Florida Statute 440.09-(4))

PLEASE SIGN THIS FORM

If the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provided greater family or medical leave rights.

FMLA section 109 (29 U.S.C. 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. 825.300 (a) may require additional disclosures. For additional information: 1-866-4USWAGE (1-866-487-9243) TTY: 11-877-889-5627 WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor/Employment Standards Administration/Wage and Hour Division.

I have read this notice and I agree to read the employee manual.

Employee Signature: _____

Employee Witness: _____

EMPLOYEE COPY

FMLA General Notice

(Please see employee manual for additional information)

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reason:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee 's child after birth, or placement for adoption or foster card;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post -deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is for reasonable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

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- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

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An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

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