

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all four pages.
2. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
3. Provide only requested information. Failure to do so may result in disqualification of your application.
4. Some packets may include an EEOC Self Identification Form. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

AVAILABILITY

What date can you start? _____ What category would you prefer? Full time Part time Temporary Labor pool

For which schedules are you available? * Weekdays Weekends Evenings Nights Overtime Shift Other _____

*Reasonable efforts will be made to accommodate sincerely held religious beliefs.

JOB-RELATED SKILLS

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Yes No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential function sof the job with or without reasonable accommodation?

PROFESSIONAL LICENSES AND CERTIFICATIONS

Yes No Are you licensed/certified for the job applied for?

Name of license/certifications: _____

License/certification number: _____ Issuing State: _____

Yes No Has your license/certification ever been revoked or suspended?

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

In Massachusetts an applicant may include any verified work performed on a volunteer basis.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

FOURTH MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

DRIVER'S LICENSE INFORMATION

- Yes No If the job requires, do you have the appropriate valid driver's license?
Name on license _____ DL# _____ Type _____ State of Issue _____
- Yes No Have you had any moving violations within the last seven years? Please describe. _____

CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of a crime? **Do not include convictions that were sealed or expunged pursuant to a court order.**

NOTE: Before answering this question regarding criminal convictions, please refer to the instructions below if you reside or are applying for a position in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts or Washington.

- Yes No Please explain any "Yes" answer. Use additional paper if necessary.
-
-

Are you currently awaiting trial for any criminal offense?

- Yes No Please explain any "Yes" answer. Use additional paper if necessary.
-
-

Have you ever initiated an act of violence in the workplace?

- Yes No Please explain any "Yes" answer. Use additional paper if necessary.
-
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INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

California Applicants: Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana.

Connecticut Applicants: Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b – 146, 54 -76o or 54 – 142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and so may swear under oath.

District of Columbia Applicants: Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.

Hawaii Applicants: Do not answer this question at this time. You will only have to answer this question if you receive a conditional offer of employment. At that time, you will be asked whether you have been convicted of a crime within the past ten (10) years.

Massachusetts Applicants: An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, an applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five years.

New York Applicants: You may answer "no record" concerning any criminal proceeding that terminated in your favor, per section 160.50 of the New York Criminal Procedure Law; any criminal proceeding that terminated in a "youthful offender adjudication", as defined in section 720.35 of the New York Criminal Procedure Law; a conviction for a "violation" that has already been sealed by the court, per section 160.55 of the New York Criminal Procedure Law.

Washington Applicants: Do not identify any conviction that is more than ten (10) years old at the time of making this application.

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. Smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

"Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$ 100."

Maryland applicants, please sign and acknowledge receipt of the above notice.

SIGNATURE	DATE
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Massachusetts Applicants: "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

Rhode Island Applicants: The Company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

PERMISSION TO WORK IN THE UNITED STATES

Yes No Are you legally eligible to work in the United States?

Proof of employment eligibility will be required if hired.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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**OVER THE COUNTER AND PRESCRIPTION DRUGS
WHICH WOULD ALTER OR AFFECT DRUG TEST RESULTS**

Alcohol	All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 Proof) ethyl alcohol. Comtrex is 20% (40 Proof), Contact Severe Cold Formula Night Strength is 25% (50 Proof), and Listerine is 26.9% (54 Proof).
Amphetamines	Obetrol, Bibhetamine, Desoxy, Dexedrine, Didrex, Lonamine, Fastin.
Cannabinoids	Marinol (Dronabinol, THC).
Cocaine	Cocaine HCl Topical Solution (Roxanne).
Phencyclidine	Not legal by prescription.
Methaqualone	Not legal by prescription.
Opiates	Paregoric, Parapetolin, Donnagel PG, Morphine, Tylenol with Codeine, Emprin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Tussi-organidin, etc.
Barbiturates	Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Florinal, Fioricet, Esgic, Butisol, Mebral, Butabarbital, Butalbital, Phenrinin, Triad, etc.
Benzodiazepines	Ativan, Azene, Clonopin, Dalmine, Diazepam, Librium, Xanax, Serax, Tranxenc, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax
Methadone	Dolophine, Metadose
Propoxyphene	Darvocet, Darvon N, Dolene, etc.

DUE TO THE LARGE NUMBER OF OBSCURE BRAND NAMES AND CONSTANT MARKETING OF NEW PRODUCTS, THIS LIST CAN NOT AND IS NOT INTENDED TO BE ALL INCLUSIVE.

I AM PRESENTLY TAKING THE FOLLOWING OVER THE COUNTER AND/OR PRESCRIPTION DRUGS:

SIGNATURE

DATE

4410 S.W. 35th Terrace
Gainesville, Florida 32608

PRE-EMPLOYMENT AGREEMENT

P.O. Box 141090 32614-1090
Phone (904) 378-1608
FAX (904) 371-0102

PLEASE READ CAREFULLY:

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen may disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company I may again be required to submit to a urinalysis screen.

I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension of discharge and loss of workers' compensation medical and indemnity benefits.

I have read in full and understand the above statements and conditions of employment.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Driver's License No. _____

State of Issuance: _____

Branch Offices:

4873 Victor Street ● Jacksonville, FL 32207 ● Phone (904) 733-8373 ● FAX (904) 733-4338
1956 Brengle Avenue ● Orlando, FL 32808-5602 ● Phone (407) 298-5114 ● FAX (407) 298-5336

Name in Full: _____ Social Security No.: _____

When was your most recent physical exam? _____ Name and address of doctor: _____

Do you have any physical disability or deformity? YES* NO
*If answer is **YES** to any physical disability or deformity, describe **IN DETAIL** on the back of this questionnaire.

Have you ever been arrested for DUI? YES NO

Have you ever been admitted to a drug or alcohol center? YES NO

Have you now or have you ever had any of the following: (Mark YES or NO for each)

- | | | | |
|--------------------------------------|--|---------------|--|
| Defective eyesight/corrective lenses | YES <input type="checkbox"/> NO <input type="checkbox"/> | Skin diseases | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Sexually transmitted diseases | YES <input type="checkbox"/> NO <input type="checkbox"/> | Heart trouble | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Defective hearing/hearing aid | YES <input type="checkbox"/> NO <input type="checkbox"/> | Hernia | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Rheumatism or arthritis | YES <input type="checkbox"/> NO <input type="checkbox"/> | Back trouble | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| High blood pressure | YES <input type="checkbox"/> NO <input type="checkbox"/> | Allergies | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Dizziness or headaches | YES <input type="checkbox"/> NO <input type="checkbox"/> | Epilepsy | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Weight problems | YES <input type="checkbox"/> NO <input type="checkbox"/> | Diabetes | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Kidney trouble | YES <input type="checkbox"/> NO <input type="checkbox"/> | Lung disease | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Tuberculosis | YES <input type="checkbox"/> NO <input type="checkbox"/> | Knee problems | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Have you ever been injured? YES NO If yes, describe below:

NATURE OF INJURY	YEAR	CAUSE OF INJURY
1.		
2.		
3.		

Did you receive medical or Workers' Compensation Benefits?
YES NO
YES NO
YES NO

I recognize that this is voluntary and will be held confidentially.
I warrant that the information given here is true and accurate and authorize you to consult physicians and former employers.

EMPLOYEE SIGNATURE _____ DATE _____
*Warrant means that misinformation makes you subject to dismissal and may prevent you from receiving Workers' Compensation benefits.

EMPLOYER SIGNATURE _____ DATE _____