



EMPLOYEES AND APPLICANTS TAKE NOTE:

Test for use of illegal drugs will be required prior to hiring and periodically during your employment.

NOTICE
THIS IS A DRUG-FREE WORKPLACE

Effective July 25, 2014, all applicants must pass a drug screening.

Effective September 1, 2014, all employees will be subject to random drug screening according to company policy.

FEDERAL BONDING/WORKFORCE SERVICES SURVEY



The purpose of this document is to gather information needed to determine whether or not you qualify for the Federal Bonding Program and/or Workforce Services. Please fill out the survey honestly and to the best of your ability.

FULL NAME: _____

DATE: _____

Please check YES or NO if any of the information applies to you:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you been released from federal or state prison within the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a recovering substance abuser? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently a welfare recipient? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a problem finding a job due to lack of work history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been dishonorably discharged from the military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you receive temporary cash assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you a veteran? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you a convicted felon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you receive food stamps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever received unemployment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you registered with EmployFlorida.com ? | <input type="checkbox"/> | <input type="checkbox"/> |

APPLICATION FOR EMPLOYMENT



We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

PERSONAL INFORMATION

Name

Address	City	State	Zip
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Phone Number	Email Address
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Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If selected for employment are you willing to submit a background check?
Yes No

POSITION

Position you are applying for	Available start date	Desired Pay
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Employment Desired
Full Time Part Time Seasonal/Temporary

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

REFERENCES (business and professional only)

Name	Title	Company	Phone

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From:	To:	Reason for leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From:	To:	Reason for leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From:	To:	Reason for leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

CERTIFICATION & SIGNATURE

"I certify that ALL of the information provided by me on this application is true and complete. I understand and acknowledge that if any false information, omissions, or misinterpretations are discovered, my application will be rejected, and if I am employed, my employment may be terminated at any time. I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualification and fitness for employment. I will hold Payroll Management Inc. (PMI), any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process. In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at either my or the company's option. I understand that the terms and conditions of my employment may be changed with or without cause and without notice, at any time by PMI. I hereby warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment. I understand that no PMI representative other than its Presidents, and only in writing with signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Signature: X

Date:

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Phone Number
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