

## **NOTICE TO JOB APPLICANTS**

I understand that if I am hired, I must provide a Social Security Card and Identification Card to prior to working.

I understand that I will be working for a drug-free workplace. I agree to take a drug-test prior to receiving my first paycheck.

I understand that I must complete a ninety-day probationary period in which my work performance will be evaluated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# APPLICATION FOR EMPLOYMENT

## WE ARE A DRUG-FREE WORKPLACE

EACH AND EVERY QUESTION MUST BE ANSWERED COMPLETELY BEFORE THIS APPLICATION  
WILL BE REVIEWED!!

### PERSONAL INFORMATION:

Full Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (Optional): \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_ Has it ever been suspended? \_\_\_\_\_

If yes, when and why? \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ If no, why? \_\_\_\_\_

Have you ever applied with this company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

### EDUCATION:

High School: \_\_\_\_\_

City/State: \_\_\_\_\_ Graduated?/Year \_\_\_\_\_

College: \_\_\_\_\_

City/State: \_\_\_\_\_ Graduated?/Year \_\_\_\_\_

Trade School/Military: \_\_\_\_\_

City/State: \_\_\_\_\_ Graduated?/Year \_\_\_\_\_

### REFERENCES:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### PREVIOUS EMPLOYMENT:

1. Company: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Duties/Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Company: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Duties/Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Company: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Duties/Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Have you ever been convicted of a felony or crime? YES \_\_\_ NO \_\_\_**

**If yes what for?** \_\_\_\_\_

**OTHER:**

Did you receive a copy of our drug policy summary and referrals with this application? \_\_\_\_\_

**Please read and understand this statement before signing your application:**

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize my previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against your company or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand my employment maybe terminate at any time, with or without cause and without prior notice. I understand that I must complete a ninety-day probationary period where my performance will be evaluated. I understand that no one, other than an executive officer has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

**I fully understand and accept all terms and conditions in the above statement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following tools are required. All tools are to be kept in a box with a lock. You will have 30 days from the date you are hired to begin purchasing all items that you do not currently have. Doing so is strongly encouraged, as having these tools will benefit you. If you do not have all of the tools listed, we can buy the needed tools and take the cost out of your check.

**Please check the following tools that you have to go to work with now (under the position in which you are applying).**

DUCT INSTALLERS	PIPE FITTER/WELDERS	SERVICE TECHNICIAN
<p style="text-align: center;"><b><u>HELPERS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ruler, inside read</li> <li><input type="checkbox"/> Sheet Metal Hammer</li> <li><input type="checkbox"/> Razor Knife</li> <li><input type="checkbox"/> Red Snips</li> <li><input type="checkbox"/> Green Snips</li> <li><input type="checkbox"/> Bulldog Snips</li> <li><input type="checkbox"/> Scratch Awl</li> <li><input type="checkbox"/> Screwdriver</li> <li><input type="checkbox"/> Vice Grip Tongs</li> <li><input type="checkbox"/> Screw Pouch or Apron</li> <li><input type="checkbox"/> Tool Box w/ Lock</li> <li><input type="checkbox"/> Tool Pouch</li> </ul>	<p style="text-align: center;"><b><u>HELPERS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 25' Tape</li> <li><input type="checkbox"/> 14" Pipe Wrench</li> <li><input type="checkbox"/> 18" Pipe Wrench</li> <li><input type="checkbox"/> 24" Pipe Wrench</li> <li><input type="checkbox"/> Torpedo Level</li> </ul>	<p style="text-align: center;"><b><u>HELPERS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 25' Tape</li> <li><input type="checkbox"/> Allen Wrench Set</li> <li><input type="checkbox"/> 3/8 Socket Set</li> <li><input type="checkbox"/> Screw Driver Set</li> <li><input type="checkbox"/> Nut Driver Set</li> <li><input type="checkbox"/> 6" Adjustable Wrench</li> <li><input type="checkbox"/> 8" Adjustable Wrench</li> <li><input type="checkbox"/> 12" Adjustable Wrench</li> <li><input type="checkbox"/> 9" Side Cutter</li> <li><input type="checkbox"/> Flash Light</li> <li><input type="checkbox"/> Wire Crimper</li> </ul>
<p><b><i>MECHANICS should have all of the above</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 20' Tape</li> <li><input type="checkbox"/> Duct Puller</li> <li><input type="checkbox"/> Whitney Punch</li> <li><input type="checkbox"/> Duct Puller, side</li> <li><input type="checkbox"/> 5/16 Nut Driver</li> <li><input type="checkbox"/> 1/4 Nut Driver</li> <li><input type="checkbox"/> Chalk Line</li> <li><input type="checkbox"/> 18" or 24" Level</li> <li><input type="checkbox"/> Caulking Gun</li> <li><input type="checkbox"/> Crimpers</li> <li><input type="checkbox"/> C-Clamp, Vise Grip Type</li> <li><input type="checkbox"/> Vise Grips</li> <li><input type="checkbox"/> Crescent Wrench</li> <li><input type="checkbox"/> Banding Gun</li> <li><input type="checkbox"/> Pop-rivet Gun</li> <li><input type="checkbox"/> Angle Finder</li> <li><input type="checkbox"/> 3/8 Socket Set</li> <li><input type="checkbox"/> Allen Wrench Set</li> </ul>	<p><b><i>MECHANICS should have all of the above</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wrap Around</li> <li><input type="checkbox"/> Map Gas</li> <li><input type="checkbox"/> Chipping Hammer</li> </ul>	<p><b><i>MECHANICS should have all of the above</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Leak Detector</li> <li><input type="checkbox"/> Vacuum Pump</li> <li><input type="checkbox"/> Service Gages</li> <li><input type="checkbox"/> Amp Probe</li> <li><input type="checkbox"/> Micron Gage</li> <li><input type="checkbox"/> Nitrogen Gage</li> <li><input type="checkbox"/> Thermometer</li> <li><input type="checkbox"/> Whgt. Scale</li> <li><input type="checkbox"/> Oxy. Fuel Torch</li> <li><input type="checkbox"/> Flaring Tool</li> <li><input type="checkbox"/> Hack Saw</li> <li><input type="checkbox"/> Wheel Puller</li> <li><input type="checkbox"/> 12v. Battery Drill</li> </ul>

**YES, I UNDERSTAND THE COMPANY'S TOOL POLICY.**

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

**CRIMINAL HISTORY INFORMATION:**

Some of our jobs require a background check for clearance to work on a jobsite. A “yes” answer to any question(s) will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense(s) in relation to the duties of the position for which you have applied will be considered. IF YOUR ANSWERS TO THE QUESTIONS BELOW DO NOT ACCURATELY AND COMPLETELY REFLECT YOUR CRIMINAL HISTORY, YOU MAY BE ELIMINATED FROM FURTHER CONSIDERATION FOR EMPLOYMENT.

1. Have you ever been convicted of a felony and/or a first-degree misdemeanor? Yes \_\_\_\_\_ No\_\_\_\_\_
2. Have you ever had adjudication of guilt withheld for a felony or first-degree misdemeanor?  
Yes \_\_\_\_\_ No\_\_\_\_\_

If you answered Yes to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first degree misdemeanor.

CONVICTION CHARGE	DATE OF DISPOSITION	COUNTY/STATE

**APPLICANT’S AUTHORIZATION AND RELEASE:**

I hereby authorize Kelly Brothers Sheet Metal, Inc. to obtain consumer reports about me for the purpose of qualifying me for employment. I release Kelly Brothers Sheet Metal, Inc. as well as Florida MVR Services, Inc. and all other entities from which the consumer reports are obtained from any claim or liability related to obtaining, compiling or releasing such reports. I also understand that if I obtain a driver’s license while in the employ of Kelly Brothers Sheet Metal, Inc. I will inform my employer so a driver’s history can be obtained at that time.

I agree that this authorization and release will remain on file for the term of my employment and will serve as an ongoing authorization to obtain consumer reports related to my employment.

Applicant’s Name		
Signature		
Social Security #		
Driver’s License	Issuing State	
	Number	

# Background Check Form

Due to September 11th and the murder of Jessica Lunsford by a convicted sex offender, many of the owners and contractors that we deal with are requiring criminal and sex offender background checks on all employees (Leon County School Board, State of Florida Agencies, Federal Correctional Institutes, FAMU, FSU, School Boards, to just name a few) General Contractors are putting in our contracts that security backgrounds must be run prior to beginning work on a job site.

This information will remain confidential and will only be released to the owner or contractor that will be handling all security clearances. In the event that you are denied security clearance on a particular job, you will be informed of the decision. The criteria that is established as to who can work on which job solely depends upon the owner so your criminal background may result in you not being cleared to work at one job, yet if available you may be able to work on another.

It is mandatory that all new hires fill out the information below, along with your signature giving us permission to access your criminal history records. Failure to complete this form and/or pass security clearance could result in loss of employment (if you aren't cleared to work, and we do not have anywhere else to place you.)

If you have any questions or concerns about this issue, please feel free to discuss with us.

Please sign your name below indicating your permission for us to run your background history.

(Signature) \_\_\_\_\_

<b>Name (Last, First, Middle)</b>			
<b>Other Names Used:</b>			
<b>Race:</b>		<b>Sex:</b>	<b>DOB:</b>
<b>Social Security #:</b>			
<b>Have you <u>Ever</u> Been Fingerprinted:</b> <i>(employment, firearm license, arrest, etc.)</i>		_____NO      _____YES	
		<i>If yes, what agency:</i>	

## Drug-free Workplace Policy Summary

In a commitment to safeguard the health of our employees and to provide a safe working environment for everyone, we have established a Drug-free Workplace Policy for this Employer. This policy is implemented pursuant to the Drug-free workplace program requirements stated in Florida Statutes 440.102 and the rules of the Department of Labor and Employment Security, Division of Workers' Compensation. Under this policy it is a condition of employment for employees to refrain from reporting to work or working with the presence of drugs or alcohol in his or her body.

The essential parts of this policy are:

1. This Employer prohibits the illegal use, possession, sale, manufacture, or distribution, of drugs, alcohol, or other controlled substances on its property. It is also against this Employer's policy to report to work or to work under the influence of drugs or alcohol. Any employee who is taking any prescription drug, which might impair safety, performance, or any motor functions must advise his or her supervisor before reporting to work under such medication.
2. Drug Testing of Applicants:
  - a. Applicants considered final candidates for a position will be tested for the presence of drugs as part of the application process. This Employer may elect to test for only certain job classification.
  - b. Applicants will be asked to sign the Consent to Pre-employment form. If an applicant refuses, he or she will not be considered for employment and the employment application process will be terminated.
  - c. If an applicant's test is confirmed positive, the applicant will not be considered for employment at that time and will be informed that he or she has failed to meet employment standards.
3. Testing of Employees:
  - a. Reasonable suspicion Drug Testing: Employees will be tested when there is a reasonable suspicion that an employee is using or has used drugs.
  - b. Random Testing: Employees in "sensitive" positions may be tested on a random basis if this Employer determines there is a need for such testing. (Optional)
  - c. Routine fitness for Duty Testing: Employees will be drug tested if the test is conducted as part of a routinely scheduled employee fitness for duty medical examination.
  - d. Follow up Testing: All employees who have been determined to have used drugs or alcohol are permitted by this Employer to return to work will be subject to unannounced follow up drug tests.
  - e. Return to Duty Testing: Employees who have failed a drug test and are permitted by this Employer to return to work must pass a drug test and will be subject to unannounced drug tests. (Optional)
  - f. Additional Testing: Additional testing may also be conducted as required by applicable state or federal laws, rules, or regulations or as deemed necessary by this Employer.
4. Alcohol and Drug Use Prohibitions:
  - a. The use, sale, purchase, possessions, distribution, or dispensing of drugs or alcohol on duty or Employer property is cause for immediate discharge.
  - b. It is against Employer policy to report to work or work under the influence of alcohol or drugs. This includes prescription drugs, which induce an unsafe mental or physical state. Employees who violate this policy are subject to discipline up to and including discharge.
  - c. For the purpose of this policy an individual is presumed to be under the influence of alcohol or drugs if a confirmed alcohol or drug test is positive.
  - d. This Employer may suspend employees without pay under this policy pending the results of a drug test or investigation.
5. All information, interviews, reports, statement memoranda and drug test results, written or otherwise, received by this Employer as part of this drug testing program are confidential communications. Unless authorized by state laws, rules or regulations, this Employer will not release such information without a written consent form signed voluntarily by the person tested.
6. A Drug Use Information form, which is a confidential report, may be filled out by job applicants and employees both before and after being drug tested. This form permits individuals to provide the Medical Review Officer (MRO) a list of all prescription and non-prescription drugs they are currently using or have used in the last month, as well as any other information they consider relevant to the test. This information is on Drug Testing/Chain-of-Custody HRS Form 1806 or will be provide to you.
7. Prior to testing, the Job Applicant or Employee will be given a list of the most common medications by brand name or common name and chemical name, which may alter or affect a drug test. This information is on the Drug Testing/Chain-of-Custody/HRS Form 1806 or will be provided to you.
8. Any applicant who refuses to submit to the pre-employment drug test will be ineligible for hire.
9. Any employee who refuses to submit to a drug test may be terminated from employment or otherwise disciplined by this Employer. An injured employee who refuses to submit to a drug test, or has a positive confirmation test, in addition to the above, forfeits his eligibility for all workers' compensation medical and indemnity benefits.
10. A list of names, addresses, and telephone numbers of employee assistance programs and local drug rehabilitation programs will be provided to employees and applicants along with this summary statement. This information will be provided to any person upon request.
11. A job applicant or employee who receives a positive confirmed drug test result may contest or explain the result to the Medical Review Officer (MRO) or the Employer within 5 days after written notification of the positive test results. If your explanation or challenge is unsatisfactory, a written explanation will be given to you. If the person's challenge is unsatisfactory to the MRO or this Employer, they must contest the test results pursuant to rules adopted by the Division of Workers' Compensation.
12. A job applicant or employee has the responsibility of notifying the drug testing laboratory of any administrative or civil action brought pursuant to Chapter 440, Florida Statutes. The lab will maintain the sample until the case or administrative appeal is settled.
13. The following is a list of al drugs (described by brand name, common name and/or chemical name) for which the Employer may test. Also listed and identified are those most common medications which alter or affect a drug test:  
Alcohol (booze, drink, distilled spirits, wine, malt beverages, beer, intoxicating liquors, alcoholic beverages, etc.)  
Amphetamines (Binhetamine, Desozyn, Dexedrine)  
Cannabinoids (marijuana, hashish, hash oil, pot, joint, spleaf, grass, weed, reefer)

Cocaine (coke, blow, nose candy, snow, flake, crack)  
 Phencyclidine (PCP, angel dust, hog)  
 Methaqualone  
 Opiates (opium, dover's powder, paregoric, parepectolin)  
 Barbituates (Phenobarbital, Tuinal, Amytal)  
 Benzodiazophines (Ativan, Azene, Klonopin, Dalmane, Diazepam, Halclon, Librium, Pozipam, Restoril, Serax, Tranxene, Valium, Vertron, Xanax)  
 Methadone (Dolophine, Methadose)  
 Propoxyphene (Darvocet, Darvon N, Dolene)  
 Metabolites of any substances listed above.

14. Job applicants and employees have the right to confidentially consult the MRO for technical information regarding prescription and non-prescription medication and may contest or explain the test results to the MRO both before and after being tested.
15. To ensure that drugs and alcohol do not enter or affect the workplace, this Employer reserves the right to search all vehicles, containers, lockers, or other items on Employer property in furtherance of this policy. Individuals may be requested to display personal property for visual inspection upon Employer request. (Optional)
16. Failure to consent to search or display for visual inspection will be grounds for termination or reason for denial of access to Employer premises by any others.
17. Searches of employee's personal property will take place only in the employee's presence. All searches under this policy will occur with the utmost discretion and consideration for the employees involved. (Optional)
18. (If applicable) this policy is the result of collective bargaining between this Employer and a labor organization. You should consult the collective bargaining agreement (contract) for appeal rights. In addition, there are appeal rights under this policy and Florida Statutes 440.102 et sec.
19. Details of this policy may be obtained for the Human Resource Department.
20. The contents of this drug and alcohol guidelines are presented as statements of this Employer's current policy and may be changed and updated by this Employer. These guidelines are not intended to create a contract between this Employer and any employee. Nothing in these guidelines binds this Employer to a specific or definite period of employment or to any specific policies, procedures, actions, rules, or terms and conditions of employment.
21. Employees, as a condition, are required to abide by these guidelines.

<b>Northwest Florida Area Drug and Alcohol Treatment Programs and Employee Assistance Programs</b>		
<b>Name</b>	<b>Address</b>	<b>Telephone Number</b>
Charter Woods Hospital, Inc. Charter Woods Counseling Center	700 W, 23 <sup>rd</sup> St. Suite 54 Panama City, FL 32405	(850) 769-5252 1-800-633-0913
Chemical Addictions Recovery Effort (CARE), Inc., Employee Assistance Program (EAP)	2250 Jenks Avenue, Suite C Panama City, FL 32402	(850) 784-3004
Chemical Addictions Recovery Effort (CARE), Inc. Primary Care	619 N. Cove Blvd. Panama City, FL 32402	(850) 769-1632
Chemical Addictions Recovery Effort (CARE), Inc. Calhoun Outpatient	425 E. Central Avenue Blountstown, FL 32424	(850) 674-8846
Gadsden County Human Services Center DISC Village	22 S. Madison Street Quincy, FL 32351	(850) 875-1403 1-800-654-9666
Apalachee Center for Human Services, Inc.	625 E. Tennessee Street Tallahassee, FL 32302	(850) 487-2930
Bowling Green Treatment Center, Inc.	2727 Capital Medical Blvd. Tallahassee, FL 32308	(850) 877-7790 1-800-243-9007
Crack Cocaine Self-Help Group	324 N. Copeland Street Tallahassee, FL 32301	(850) 561-1372
Disc Village, Inc. Disc Village Treatment Center	12 Natural Bridge Road Woodville, FL 32362	(850) 277-4456
Self-Help and Wellness Center	P.O. Box 11021 Tallahassee, FL 32302	(850) 656-0530 (850) 224-4426
Turn About, Inc.	2051 Tech Place Tallahassee, FL 32317	(850) 385-5179
Note: The Company does not recommend or endorse any of the above programs. This list is provided for your information.		