



APPLICATION FOR EMPLOYMENT

an Equal Opportunity Employer

Position Applied for: Full Time
 Part Time
 Shift Work

Name: Social Sec. No.:

Address: City: Zip:

Home Phone: Cell Phone:

Drivers Lic.: Email:

Have you filed an application here before? Yes No
 Are you on a lay off and subject to recall? Yes No
 Have you ever been employed here before? Yes No
 Can you travel if the job requires it? Yes No

Date available for work: What is your desired salary range?

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain:

Are you legally eligible for employment in this country? Yes No
 Will you work overtime? Yes No

Are you able to meet the attendance requirements of the position? Yes No

How were you referred?

List names of your friends and relative, other than your spouse, who work here.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? (Conviction information will not necessarily exclude you from a position unless it is job related). Yes No

Explain:

EDUCATION

HIGH SCHOOL

Name:

Address: Diploma? Yes No

COLLEGE

Name: Enter number of years completed:

Address: Diploma? Yes No

GRADUATE

Name: Enter number of years completed:

Address: Diploma? Yes No

TECHNICAL OR SPECIAL TRAINING

Describe:

[Empty text box for describing technical or special training]

Level of competency in Microsoft Excel: Expert High Medium Minimal

Which accounting/business management software are you most experienced with?

Software name:

[Empty text box for software name]

Level of competency in above software: Expert High Medium Minimal None

Experienced with any other software or equipment relevant to position being applied for?

[Empty text box for other software or equipment]

EMPLOYMENT EXPERIENCE

List each job held. Start with your **present or most recent jobs**

Employer 1 (present or last employer)

Employed

Supervisor's Name & Job Title

[Empty text box for Employer 1 name]

From (mo/yr)

[Empty text box for start date]

[Empty text box for supervisor name and job title]

Address:

[Empty text box for Employer 1 address]

To (mo/yr)

[Empty text box for end date]

May we contact?

Yes No

Your Job Title:

[Empty text box for job title]

Telephone:

[Empty text box for telephone number]

Duties

[Empty text box for duties]

Your Salary

Start

End

\$ [Empty text box for start salary]

\$ [Empty text box for end salary]

Reason for Leaving:

[Empty text box for reason for leaving]

Employer 2

Employed

Supervisor's Name & Job Title

[Empty text box for Employer 2 name]

From (mo/yr)

[Empty text box for start date]

[Empty text box for supervisor name and job title]

Address:

[Empty text box for Employer 2 address]

To (mo/yr)

[Empty text box for end date]

May we contact?

Yes No

Your Job Title:

[Empty text box for job title]

Telephone:

[Empty text box for telephone number]

Duties

[Empty text box for duties]

Your Salary

Start

End

\$ [Empty text box for start salary]

\$ [Empty text box for end salary]

Reason for Leaving:

[Empty text box for reason for leaving]

EMPLOYMENT EXPERIENCE (continued)

List each job held. Start with your **present or most recent jobs**

<p>Employer 3</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Address:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Telephone:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Your Salary</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Start</u></td> <td style="text-align: center;"><u>End</u></td> </tr> <tr> <td style="text-align: center;">\$ <input style="width: 50px;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 50px;" type="text"/></td> </tr> </table> </div>	<u>Start</u>	<u>End</u>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	<p>Employed</p> <p>From (mo/yr) <input style="width: 50px;" type="text"/></p> <p>To (mo/yr) <input style="width: 50px;" type="text"/></p>	<p>Supervisor's Name & Job Title</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Your Job Title: <input style="width: 80%;" type="text"/></p> <p>Duties</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Reason for Leaving:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<u>Start</u>	<u>End</u>					
\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>					

<p>Employer 4</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Address:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Telephone:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Your Salary</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Start</u></td> <td style="text-align: center;"><u>End</u></td> </tr> <tr> <td style="text-align: center;">\$ <input style="width: 50px;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 50px;" type="text"/></td> </tr> </table> </div>	<u>Start</u>	<u>End</u>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	<p>Employed</p> <p>From (mo/yr) <input style="width: 50px;" type="text"/></p> <p>To (mo/yr) <input style="width: 50px;" type="text"/></p>	<p>Supervisor's Name & Job Title</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Your Job Title: <input style="width: 80%;" type="text"/></p> <p>Duties</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Reason for Leaving:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<u>Start</u>	<u>End</u>					
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<p>Employer 5</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Address:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Telephone:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Your Salary</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Start</u></td> <td style="text-align: center;"><u>End</u></td> </tr> <tr> <td style="text-align: center;">\$ <input style="width: 50px;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 50px;" type="text"/></td> </tr> </table> </div>	<u>Start</u>	<u>End</u>	\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>	<p>Employed</p> <p>From (mo/yr) <input style="width: 50px;" type="text"/></p> <p>To (mo/yr) <input style="width: 50px;" type="text"/></p>	<p>Supervisor's Name & Job Title</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Your Job Title: <input style="width: 80%;" type="text"/></p> <p>Duties</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Reason for Leaving:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<u>Start</u>	<u>End</u>					
\$ <input style="width: 50px;" type="text"/>	\$ <input style="width: 50px;" type="text"/>					

If unemployed at any time, please describe reasons for unemployment:

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance?

Yes

No

If yes, please give details:

Membership in Organization/Professional groups which, in your opinion, have a direct bearing on the position you are seeking:

PERSONAL STATEMENT (required)

Please give any additional information which you feel may be helpful to us in considering your application and provide reasons why you think that you will be a good fit in the position you are applying for.

PLEASE READ AND SIGN STATEMENT BELOW

I understand that, in accordance with Florida Statute 443.131(3)(a)(2)if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination.

Initials

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion, that the policies and procedures are not intended to be a contract of employment nor do they give me any right of continued employment; and that my employment may be terminated at my option or at the option of this Company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understanding regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing.

Initials

I certify that all information given on this employment application, any resume that I submit to the Company, and any related employment papers and answers given during oral interviews are true and correct. I understand that this Company may make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by this Company during the course of such an investigation. I understand that if any information I have submitted is discovered to be false, I may be disqualified for employment and, if already employed, I may be subject to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation.

Initials

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me

Initials

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

Initials

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard

Initials

DO NOT SIGN UNTIL YO HAVE READ THE ABOVE STATEMENTS.

I certify that I have read, fully understand, and accept all terms of the foregoing statement.

Date:

Signature:

CRIMINAL RECORD FORM

Please provide the following information to be used only in the event that an offer of employment is extended (for selected positions).

Social Security No.: Driver's License No.
Former Name:

Please list below the counties or cities and states in which you have lived during the past 5 years (information is to be used only to determine in which areas to conduct the criminal history records check).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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County City State Zip Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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County City State Zip Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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County City State Zip Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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County City State Zip Date

DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

I hereby acknowledge that I have received and read the Integrated Security Systems Drug-Free Workplace Policy, a summary of the drugs which may alter or affect a drug test and a list of local Employee Assistance Programs and drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the policy as a condition of initial and/or continued employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the Company and disciplinary action up to and including discharge may result if:

- I refuse to consent to such testing.
- I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations.
- I refuse to authorize release of the test results to the Company.
- The tests establish a violation of the Company's Drug-Free Workplace Policy.
- I otherwise violate the policy.

I also understand that if I am injured in the course and scope of my employment and test positive or refuse to be tested, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).

I also understand that the drug-free workplace policy and related documents are not intended to constitute a contract between the company and me.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING KNOWLEDGEMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Candidate Printed Name

Date

Siganture

Witness Printed Name

Siganture

OVER-THE-COUNTER AND PRESCRIPTION DRUGS WHICH COULD ALTER OR AFFECT DRUG TEST RESULTS

Purpose of this form: The use of this form is to alert you of the possible influence that prescription drugs may have on the outcome of a drug test. It is for your information only at this time. If necessary, any question about the outcome of a drug test will be addressed by a licensed physician.

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, Biphetamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastin.

Cannabinoids Marinol (Dronabinol, THC).

Cocaine Cocaine HCl topical solution (Roxanne).

Phencyclidine Not legal by prescription.

Methaqualone Not legal by prescription.

Opiates Paregoric, Parapectolin, 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, Fiorinal, Fioricet, Esgic, Butisol, Mebral, Butabarbital, Butalbital, Phenrinin, Triad, etc.

Benzodiazepines Ativan, Azene, Clonopin, Dalmine, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.

Methadone Dolophine, Metadose.

Propoxyphene Darvocet, Darvon N, Dolene, etc.

For Administrative Use Only

INTERVIEWER COMMENTS AND EVALUATIONS / REASON FOR HIRE-HONHIRE

Name

Date

EMPLOYMENT UNDER CONSIDERATION: Yes No

EMPLOYMENT OFFER

Position

Pay rate:

Start Date:

Notes

RESPONSE TO OFFER

- Accepted
- Declined

Reason for Decline: