

PRE-EMPLOYMENT DRUG-TESTING POLICY

All job applicants at this company will undergo screening for the presence of illegal drugs or alcohol as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company and, by signing consent agreement, will release the company from liability.

(Any applicant with positive test results will be denied employment at that time but may initiate inquiry with the company after six months.)

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. However, the company will not tolerate current drug or alcohol abuse that prevents employees from properly performing their jobs.

QUALITY PLUMBING INC.

6318 NW 18TH DRIVE
GAINESVILLE, FL 32653
352-377-1009
352-377-3204 (FAX)

APPLICATION FOR EMPLOYMENT

Personal Information

DATE: _____

FOR EMPLOYERS USE

DATE HIRED: _____ DATE RELEASED: _____

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BIRTH DATE: _____ HOME/CELL PHONE: _____

DRIVER'S LIC.# _____ SOC. SEC. # _____

MARRIED: _____ SINGLE: _____ DIVORCED: _____ SPOUSE NAME: _____

EMERGENCY INFORMATION

NOTIFY: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HM. PHONE: _____ WK. PHONE: _____ CELL PHONE: _____

NOTIFY: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HM PHONE: _____ WK PHONE: _____ CELL PHONE: _____

ANY SPECIAL MEDICAL CONDITIONS OR INFORMATION ABOUT WHICH WE SHOULD BE AWARE?

ARE YOU LEGALLY ELIBLE FOR WORK IN THE UNITED STATES? _____ YES _____ NO

ARE YOU 18 YEARS OR OLDER? _____ YES _____ NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? _____ YES _____ NO

EXPLAIN _____

POSITION APPLIED FOR: _____ REFERRED BY _____

EVER APPLIED WITH THIS COMPANY BEFORE? _____ YES _____ NO IF YES, WHEN? _____

WOULD YOU PREFER TO WORK? _____ FULL TIME _____ PART TIME DATE AVAILABLE _____

ARE YOU EMPLOYED NOW? _____ YES _____ NO SALARY DESIRED _____

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT _____ YES _____ NO

MAY WE CONTACT EMPLOYERS BELOW? _____ YES _____ NO IF NOT, INDICATE WHICH ONE(S) YOU DO

NOT WISH US TO CONTACT _____

U.S. ARMED FORCES: _____ YES _____ NO IF YES, BRANCH _____ RANK AT DISCHARGE _____

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS PLUMBERS LICENSE, MACHINE OPERATIONS, LANGUAGES, ETC. _____

EDUCATION

HIGH SCHOOL: _____ YEARS ATTENDED _____ GRADUATED _____ YES _____ NO

COLLEGE: _____ YEARS ATTENDED _____ GRADUATED _____ YES _____ NO

SPECIAL TRAINING _____

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME _____ PHONE _____ YEARS ACQUAINTED _____

NAME _____ PHONE _____ YEARS ACQUAINTED _____

NAME _____ PHONE _____ YEARS ACQUAINTED _____

EMPLOYERS: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE# _____
JOB TITLE _____
DATES OF EMPLOYMENT (FROM/TO) _____ / _____
HOURLY RATE/SALARY (STARTING/FINAL) _____ / _____
JOB DUTIES _____
REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE# _____
JOB TITLE _____
DATES OF EMPLOYMENT (FROM/TO) _____ / _____
HOURLY RATE/SALARY (STARTING/FINAL) _____ / _____
JOB DUTIES _____
REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE# _____
JOB TITLE _____
DATES OF EMPLOYMENT (FROM/TO) _____ / _____
HOURLY RATE/SALARY (STARTING/FINAL) _____ / _____
JOB DUTIES _____
REASON FOR LEAVING _____

QUALITY PLUMBING OF GAINESVILLE, INC.
6318 N.W. 18TH Drive
Gainesville, FL 32653
Ph: (352) 377-1009
Fax: (352) 377-3204

DRUG-FREE WORKPLACE ACKNOWLEDGEMENT

I hereby acknowledge that I have received and read the company's 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: 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the Company, 4) the test establish a violation of the Company's Drug-Free Workplace Policy, 5) 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 indemnify 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 ACKNOWLEDGEMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

SIGNATURE

DATE

SIGNATURE OF GUARDIAN

DATE

WITNESS

DATE

CONSENT FOR DRUG TESTING

I understand that as a condition of employment with Quality Plumbing of Gainesville, Inc., I must submit to testing for the presence of drugs or alcohol. I also understand that if I do not pass this testing, I cannot be employed by Quality Plumbing of Gainesville, Inc.

I, _____, CONSENT TO BE TESTED FOR THE PRESENCE OF DRUGS AND/OR ALCOHOL. I UNDERSTAND THAT THE RESULTS OF THIS TEST WILL BE GIVEN TO MY PERSPECTIVE EMPLOYER, QUALITY PLUMBING OF GAINESVILLE, INC., AND UNDERSTAND THAT THE RESULTS WILL BE KEPT CONFIDENTIAL. I, _____, FURTHER STATE THAT I HAVE READ THE ABOVE STATEMENT, AGREE WITH ITS CONTENTS, AND SIGN THIS CONSENT FORM OF MY OWN FREE WILL.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF LEGAL GUARDIAN
(IF APPLICABLE)

DATE

WITNESS

DATE

AUTHORIZATION FOR INFORMATION

I, _____, HEREBY AUTHORIZE YOU TO PROVIDE REQUESTED INFORMATION TO QUALITY PLUMBING OF GAINESVILLE, INC. ON MY BEHALF. I UNDERSTAND THAT THE INFORMATION PROVIDED WILL BE PERTAINING TO MY EMPLOYMENT AND KEPT CONFIDENTIAL.

SIGNATURE

DATE

SIGNATURE OF LEGAL GUARDIAN
(IF APPLICABLE)

DATE

BACKGROUND CHECK AUTHORIZATION & ACKNOWLEDGEMENT

I _____ authorize **Quality Plumbing of Gainesville, Inc.** and/or any of its officers, employees, or agents to investigate my background, references, character, education, past employment, motor vehicle report and/or criminal records in order to confirm my qualifications for employment as represented on my resume' and/or employment application, and/or in my employment interview. I understand that **Quality Plumbing of Gainesville, Inc.** will utilize an outside firm or firms to assist in checking such information and I specifically authorize such an investigation by information services and outside entities of the company's choice.

By signing below, I release **Quality Plumbing of Gainesville, Inc.** and/or its officers, employees, and/or its agents, as well as any person or entity providing information on my background pursuant to this acknowledgment form, from any and all liability in relation to the information obtained from any and all of the above referenced sources used.

I understand that I may withhold my permission and that in such case, no investigation will be done and my application for employment will not be processed further.

I also understand that I may be employed by Quality Plumbing of Gainesville, Inc. prior to the results of the background check being received and my continued employment is contingent upon those results.

Signature of Employee

Date

Employee Name-Printed

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify

SIGNATURE: _____

DATE: _____



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