



APPLICATION OF EMPLOYMENT

This company practices Equal Employment and does not discriminate against anyone regardless of sex, creed, national origin, religion, veteran or marital status. This company practices ADA compliance.

Date of Application: ___ / ___ / ___ Position Applying For: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Phone Numbers: Home () _____ - _____ Work () _____ - _____

Social Security Number _____ - _____ - _____

Circle the response that most completely answers the question:

Are you 18 years of age, or older? YES NO

Have you made application to this company before? YES NO

Are you currently employed? YES NO

If yes, may we contact your current employer? YES NO

Do you have a current/valid Florida driver's license? YES NO

Have you ever been convicted of a felony? YES NO

If yes, what state? _____

EDUCATIONAL INFORMATION

List the highest grade level you have completed: _____

Please list all secondary and post-secondary schools you have attended, and circle YES or NO if you have graduated and/or if you obtained a degree. Include any vocational schools or specialty courses you have taken.

School Name	Location	Graduated	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT HISTORY

Please list, in order of your most recent job, your employment history. Provide as much information as possible.

From _____ To _____ Name of Company _____

Job Title/Function _____ Rate of Pay _____ Per _____

Supervisor _____ Phone Number _____

Reason for Leaving _____

Job Duties _____

From _____ To _____ Name of Company _____

Job Title/Function _____ Rate of Pay _____ Per _____

Supervisor _____ Phone Number _____

Reason for Leaving _____

Job Duties _____

From _____ To _____ Name of Company _____

Job Title/Function _____ Rate of Pay _____ Per _____

Supervisor _____ Phone Number _____

Reason for Leaving _____

Job Duties _____

ADDITIONAL INFORMATION

How did you hear of Andrick & Associates: _____

Do you have any special skills which might aid you in the position for which you are applying?

If you have listed previous experience in printing, lettershop, database, or direct mail, please indicate in the space provided any machinery, software, or hardware with which you are familiar, including model or version numbers if known:

Have you had any training in the United States military which corresponds to the position for which you are applying?

Please list three personal references of people to whom you are not related

Name _____

Phone: Work _____ Home _____

Name _____

Phone: Work _____ Home _____

Name _____

Phone: Work _____ Home _____

APPLICANT'S AFFADAVIT

By my signature below, I certify and represent that:

1. All of the information I have provided is true and correct to the best of my knowledge;
2. I understand and agree to have Andrick & Associates perform and provide for a complete investigation of any and all information I have provided or supplied, or to investigate further upon disclosure of sources I have herein listed; and that I further indemnify and save harmless Andrick & Associates, Inc., its agents, employees and contractors from any and all negative incidents or repercussions which may evolve as a direct or indirect result of such inquiries, and that I have a right to make a written request for such reports;
3. I further understand that an additional interview may be necessary prior to a decision regarding my application.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Interviewer _____ Date _____ Time _____

Job Duties _____ Benefits _____ Probationary Period _____

Pay Scale _____ Exp _____ Int _____ Appear _____

General Notes:

Applicant Denied By _____ Reason _____

Applicant Hired By _____ Reason _____

NOTICE TO APPLICANTS

This Notice should be included in any application for employment. It should also be posted in an appropriate and conspicuous location on your premises and be available in your personnel office for inspection by the general public during regular business hours.

This form should be provided and completed by an applicant at the time of the employment application.

Andrick & Associates (The Company) has established and maintains a drug-free workplace Program. This drug-free workplace Program is in conformity with chapter 440.102, Florida Statutes, its implementing regulations, and Federal Law.

As part of this Program, offers of employment are expressly conditioned upon passing a drug test. In addition, employees of the Company may be subject to drug testing under those conditions outlined in the Company's Drug and Alcohol Policy Statement.

For a person receiving a conditional offer of employment, failure of a drug test or refusal to submit to drug testing when required by the Company shall cancel or terminate any job offer. For an employee, failing a drug test or refusing to submit to a drug test will result in action against an employee up to and including termination of employment.

A person who receives a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer (MRO) both before and after being tested regarding the use of prescription or non-prescription medications. Additionally, a job applicant shall receive a list of common medications which may alter or affect a drug test. A job applicant will also be given names, addresses, and telephone numbers of local alcohol and drug rehabilitation programs.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within five working days after written notification of the test result. A job applicant will also have an opportunity to request a retest at the job applicant's expense. If a job applicant's explanation or challenge is unsatisfactory, the job applicant may contest the drug test results pursuant to rules adopted by the Department of Labor and Employment Security or the Florida Agency for Health Care Administration.

The job applicant also has the responsibility to notify the laboratory or clinic conducting the drug test of any administrative or civil action brought involving the drug test conducted by that laboratory or clinic.

The job applicant also has a right to consult the testing laboratory or clinic for technical information regarding prescription and non-prescription medication. In addition, each job applicant will be given a list prior to administration of the drug tests of the substances to be test. All test results will remain confidential except as allowed by law. The Company will provide each job applicant with a copy of the Company's Drug and Alcohol Abuse Policy Statement prior to administration of a drug test.

Nothing in this Notice will affect these rights provided in any collective bargaining agreement between the Company and its employees. Refusal to complete or sign this document will result in a withdrawal of any offer of employment.

Name of Company Andrick & Associates

Applicant Name _____

Applicant Signature _____ Date _____

Witness _____

APPLICANT DRUG TESTING CONSENT AND RELEASE

This form must be completed when employee is given a conditional job offer.

As part of my application for employment, I understand that all job offers are expressly conditioned upon submitting to and passing a drug test to detect the presence of illegal drugs or alcohol use.

I hereby consent to submit to a urinalysis or other tests as required by Andrick & Associates (the Company) for the purposes of testing for the presence of illegal drugs or alcohol abuse. I agree that a clinic or laboratory approved by the Florida Agency for Health Care Administration may collect and test any specimens I provide for these tests. I further agree to authorize the release of the results of these tests to the Medical Review Officer employed or retained by the Company, to the Secretary of the Company, and to such other management personnel as may require this information on a need to know basis. My understanding is that any information derived from these tests will be confidential between the laboratory, the CEO or Secretary of the Company, and the Medical Review Officer, except as otherwise provided by law, or if I place the test or its results in issue in any administrative, legal, or other proceeding.

I have carefully read this Consent and Release form and understand it completely. I also understand that execution of this Consent and Release is a condition of employment with the Company and my refusal to sign will result in withdrawal of any offer of employment I may receive. I am signing this form voluntarily and have not been coerced nor placed under duress by any person.

Applicant

Date _____

Applicant Name _____

Applicant Signature _____

Social Security # _____

Witness 1

Print Name _____

Signature _____

Witness 2

Print Name _____

Signature _____