DRUG FREE WORKPLACE

employment application

5 10 5 1 1						The second secon
Position Desired: [] Part time	[] Full time					Date:
Name (Print)	Last		First			Middle
Present Address	Street and Number	City	State	Zip Co	ode	Length of time there? Years Months
Previous Address	Street and Number	City	State	Zip Co	ode	Length of time there? Years Months
Telephone No.		Daytime/Cellular Telephon	e No.		Social Security No	i.
Have you ever wo	orked for this Company before es and position:	? [] Yes [] No				
seriousness and	ng Yes to the following two q nature of the violation, and been sealed or expunged.)	uestions does not constitu rehabilitation will be taken	te an automatic into account. (bar to en Do not in	nployment. Facto clude minor traffi	ors such as age and time of the offense, ic infractions, and convictions for which
Have you ever ple If yes, please give the	ed guilty or <i>no contest</i> to, or be date(s) and details:	en convicted of, a misdemea	nor or felony?	[] Yes []] No	
Have you been ar If yes, please give the	rested for any matters for which date(s) and details:	h you are out on bail or on yo	our own recogniza	ance pendi	ng trial? [] Yes	[] No
	including military service and page if necessary] nployer	Employed	Pay		Title or Position	Exact Reason for Leaving
		From (ma./yr.)	Start			
City, State, ZIP Code			\$			
		To (mo./yr.)	Final		e and Title of	
Telephone				Last	Supervisor	
			\$			
Present or Last Er Address	mpioyer	Employed From (mo./yr.)	Pay Start	Your	Title or Position	Exact Reason for Leaving
City, State, ZIP Code			s			
		To (ma./yr.)	Final		e and Title of	
Telephone				Last	Supervisor	
			s			
Present or Last Er Address	nployer	Employed From (mo./yr.)	Pay Start	Your	Title or Position	Exact Reason for Leaving
City, State, ZIP Code						
		To (ma./yr.)	\$ Final	Nam	e and Title of	
Telephone		10 (majya)		With the second second	Supervisor	
			s			
Present or Last Er Address	nployer	Employed From (mo./yr.)	Pay Start	Your	Title or Position	Exact Reason for Leaving
City, State, ZIP Code						
.500		To (mo./yr.)	\$ Final	Nam	e and Title of	-
Telephone				Last	Supervisor	

Present or Last Employer Address	Employed From (mo./yr.)	Pay Start	Your Title or Position	Exact Reason for Leaving
City, State, ZIP Code		s		
Telephone	To (mo./yr.)	Final	Name and Title of Last Supervisor	
erepriorie		s		
Present or Last Employer Address	Employed From (mo./yr.)	Pay Start	Your Title or Position	Exact Reason for Leaving
City, State, ZIP Code		\$		
	To (mo./yr.)	Final	Name and Title of Last Supervisor	
elephone	^	s		
Present or Last Employer Address	Employed From (mo./yr.)	Pay Start	Your Title or Position	Exact Reason for Leaving
City, State, ZIP Code		s		
	To (mo./yr.)	Final	Name and Title of Last Supervisor	
Telephone		,	Lust Supervisor	
Present or Last Employer	Employed	\$ Pay	Your Title or Position	Exact Reason for Leaving
Address	From (mo./yr.)	Start	United the American State of the Company	
City, State, ZIP Code		s		
3	To (mo./yr.)	Final	Name and Title of Last Supervisor	
Telephone			Lust Supervisor	
May we contact your current employe	r? [] Yes [] No. If No, plea	se explain:		
Please indicate any actual experience, are applying.	special training and qualifica	ations that yo	ou have which you feel are rel	evant to the position for which yo
Have you ever used another name? [necessary to enable a check on your wo	Yes [] No Is any additional rk and educational record? If y	information r ves, please ex	elative to change of name, use plain:	of an assumed name, or nickname
	<u> </u>		,	
If hired, can you furnish proof that yo	u are over 18 years of age? [] Yes [] No		
Are you capable of satisfactorily perfo	rming the essential job dutie	es required of	f the position for which you a	re applying? [] Yes [] No
Do you have adequate transportation	to and from work? [] Yes [[] No		
How many days of work have you mis				vacation?
Year Number of da	ys Year	,	Number of days	Year Number of days

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School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:		5		
Other:				

Personal References

Please list persons who know you well—**not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known
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This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after	that
time, you must reapply.	

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURAT
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Date	Signature of Applicant
	# N

To be read and signed by the applicant:

By completing and submitting the application, I:

Authorize my prior employers, references and any other individuals contacted by Wrecker & Storage of Brevard, Inc., release any and all information requested and absolve those parties who provide information requested from any and all liability related to their doing so, including information as required under the drug and alcohol regulations concerning past drug and alcohol results:

Acknowledge that any employment offered to me is at the will of Wrecker & Storage of Brevard, Inc., and may be terminated by Wrecker & Storage of Brevard, Inc., at any time, with or without cause;

Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Wrecker & Storage of Brevard, Inc's., evaluation procedures and authorize release of my results to Wrecker & Storage of Brevard, Inc., and Wrecker & Storage of Brevard, Inc's., unrestricted use of those results in deciding whether I should be offered employment;

Acknowledge and agree that an express condition of my employment is that I stay drug free and promptly submit to random drug and alcohol testing whenever requested by Wrecker & Storage of Brevard, Inc.

Acknowledge and agree that evidence of drug use prior to or during my employment will be grounds for immediate termination without recourse;

Acknowledge that felony convictions are a disqualifying factor for employment and finding of such convictions, at any time, will result in termination or rescinding of offer;

Certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge;

Certify that this application was completed by me, in my own handwriting and acknowledge and agree that providing false, misleading or incomplete statements in the application or in connection with Wrecker & Storage of Brevard, Inc., evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

Date	Signature			
			MACE.	
	Print Name			

WRECKER & STORAGE OF BREVARD, INC. D/B/A LEE'S WRECKER SERVICE 3778 DIXIE HIGHWAY NE PALM BAY, FL 32905