



APPLICATION FOR EMPLOYMENT

an Equal Opportunity Employer

Position Applied for:

Full Time

Part Time

Shift Work

Name:

Address:

City,State:

Zip:

Social Sec No.:

Drivers Lic:

Home Phone.:

Cell Phone:

Email:

Have you ever filed an application here before? Yes No Are you on a layoff 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

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

Will you be able to meet the attendance requirements of this position? Yes No

How were you referred?

List names of friends or relatives that work here.

Have you ever pled "guilty" or "no contest" to , or have 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:

City/State:

Diploma? Yes No

COLLEGE

Name:

Enter number of years completed?

City/State:

Diploma? Yes No

Degree Received:

GRADUATE

Enter number of years completed?

Name:

Address:

Diploma? Yes No

Degree Received:

TECHNICAL SCHOOL

Name:

Address:

Enter number of years completed?

Degree or Certificate Received

Diploma or Certificate?

Yes

No

TRADE CERTIFICATES

NICET

EF, EC, EG,etc.

BICSI.

Microsoft.

Cisco.

Other.

EMPLOYMENT EXPERIENCE

Employer 1 (present or last employer)

Period Employed

From (mo/yr)

To (mo/yr)

City/State

Supervisor's Name

Title

Your job title:

Telephone

May we contact employer?

Yes

No

Duties

Your Salary

Start

End

\$

\$

Reason for leaving:

Employer 2

Period Employed

From (mo/yr)

To (mo/yr)

City/State

Supervisor's Name

Title

Your job title:

Telephone

May we contact employer?

Yes

No

Duties

Your Salary

Start

End

\$

\$

Reason for leaving:

EMPLOYMENT EXPERIENCE (continued)

Employer 3	Period Employed		
	From (mo/yr)		To (mo/yr)
City/State	Supervisor's Name		Title
Telephone	Your job title:		
		May we contact employer?	Yes No
	Duties		
Your Salary			
	Start	End	Reason for leaving:
	\$	\$	

Employer 4	Period Employed		
	From (mo/yr)		To (mo/yr)
City/State	Supervisor's Name		Title
Telephone	Your job title:		
		May we contact employer?	Yes No
	Duties		
Your Salary			
	Start	End	Reason for leaving:
	\$	\$	

Employer 4	Period Employed		
	From (mo/yr)		To (mo/yr)
City/State	Supervisor's Name		Title
Telephone	Your job title:		
		May we contact employer?	Yes No
	Duties		
Your Salary			
	Start	End	Reason for leaving:

EMPLOYMENT EXPERIENCE (continued)

* If unemployed at any time, please describe reasons for unemployment.

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

If yes, please give details:

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

PERSONAL STATEMENT (required)

PLEASE READ AND SIGN STATEMENT BELOW

I understand that , in accordance with Florida Statute 443.131 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 YOU HAVE READ THE ABOVE STATEMENTS.

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

Date:

Signature:

CRIMINAL RECORD FORM

Please provide the following information (to be used only in the event that you are being considered for a position at IFSS)

Social Security No:

Drivers' 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).

County: City: State: Zip: Date:

County: City: State: Zip: Date:

County: City: State: Zip: Date:

County: City: State: Zip: Date:

County: City: State: Zip: Date:

County: City: State: Zip: Date:

DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

After employment I will be provided with 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 will have an opportunity to have all aspects of this material fully explained. I 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 test establishes 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.

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, KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Candidate Printed Name

Date

Candidate Signature

Witness Printed Name

Witness Signature

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

Purpose of this section: 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, and 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, Biphedamine, 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.

Position being considered:

Interviewer

Name:

Date:

Interviewer Position:

Candidate being considered:

Yes:

No:

Maybe:

Comments:

Employment Offer:

Position:

Pay Rate:

Proposed Start Date:

Comments:

Response to Offer:

Accepted

Rejected

Comments: