



SERVICE CONTRACTING SOLUTIONS

12140 Metro Parkway, Suite K
Fort Myers, FL 33966
Tel: 239.939.7622
Fax: 239.939.1543

6215 Clarity Court
Sarasota, Florida 34240
Tel: 941.371.8182
Fax: 941.371.0563

15461 SW 12th St., Unit 105
Sunrise, Florida 33326
Tel: 305.364.5092
Fax: 239.939.1543

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)
THIS COMPANY DOES PRE-EMPLOYMENT DRUG SCREENING

PERSONAL INFORMATION DATE _____

NAME SOCIAL SECURITY NUMBER
LAST FIRST MIDDLE

PERSONAL ADDRESS
STREET CITY STATE ZIP

PERMANENT ADDRESS
STREET CITY STATE ZIP

PHONE NO. ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	* NO. OF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, DISABILITY, GENETIC INFORMATION, VETERAN'S STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

To be considered for employment, ALL areas of this application must be completed or noted with n/a.

* The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with the respect to individuals who are at least 40 years of age.

Start Date: _____

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

DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	PHONE #
FROM				
TO				
REASON FOR LEAVING:				
FROM				
TO				
REASON FOR LEAVING:				
FROM				
TO				
REASON FOR LEAVING:				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE ABOUT THIS JOB?

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

	NAME	ADDRESS	COMPANY	PHONE #	YEARS
1					
2					
3					

LIST THE CITIES AND STATES YOU HAVE LIVED IN THE LAST FIVE YEARS.
PLEASE INDICATE THE YEAR YOU LIVED IN EACH.

IN CASE OF EMERGENCY NOTIFY

NAME

PHONE NO.

APPLICANT'S ACKNOWLEDGMENT:

I hereby certify that the answers given herein are true and complete. I understand any deception, misrepresentation, omission of facts or incomplete answers in my application document will disqualify me from further consideration for employment. I further understand that, if employed, any deception, misrepresentation or omission of facts in my application document will be cause for my dismissal without prior notice regardless of when they are discovered.

I understand that any employment offered to me by the Company, unless reflected in a written contract signed by an authorized Company official, is employment-at-will. This means the employment relationship may be severed at any time, for any reason, with or without cause, by either party if deemed to be in his/her best interest.

I hereby authorize investigation of all matters in this application, including authority to request any educational transcript and to contact references and former employers whom I will not hold liable in the event their reply is in any way to my disadvantage.

I acknowledge this application will be active for 7 days or until the position for which I am applying has been filled, whichever comes first. At that time, this application will expire. If I want to be considered for employment after the expiration of this application, I will (and I must) complete a new application.

Signature of Applicant _____ Date _____

****Failure to answer questions will result in not being recommended for hire.****

Name _____ Date _____

S.S. # _____ Phone _____

----- Please Do Not Write Below This Line -----

INTERVIEWED BY _____ DATE _____

REMARKS _____

NEATNESS _____ ABILITY _____

HIRED YES NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED 1. _____ 2 _____ 3 _____
EMPLOYMENT MANAGER DEPT. HEAD SAFETY DEPT.



12140 Metro Parkway, Suite K
Fort Myers, FL 33966
Tel: 239.939.7622
Fax: 239.939.1543

6215 Clarity Court
Sarasota, Florida 34240
Tel: 941.371.8182
Fax: 941.371.0563

15461 SW 12th St., Unit 105
Sunrise, Florida 33326
Tel: 305.364.5092
Fax: 239.939.1543

**Notice To Job Applicant of Service Contracting Solutions
Employment Drug Screening Policy and Agreement
As A Condition of My Employment**

The undersigned job applicant acknowledges that he/she has been informed that Service Contracting Solutions **requires** applicants to submit blood, urine and/or other medical examinations for alcohol, controlled substances and drugs to be conducted by a health facility, medical testing clinic or laboratory physician selected and paid for by the Company. The applicant agrees to submit to such examination and/or tests and hereby authorizes release and disclosure of the results to Service Contracting Solutions. The undersigned applicant further acknowledges that test results which show the presence of alcohol, a controlled substance or illegal drug will result in denial or termination of employment. The applicant agrees to sign any documents that may be necessary in order to permit release of and disclosure to the Company of any medical examination and/or medical tests for controlled substances or drug abuse.

By signing this document, the applicant agrees that, if employed, he/she will subject to the terms of Service Contracting Solutions Policy on Drug Abuse and Controlled Substances.

Applicant's Signature

Print Name

Date

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA