



# Application for Employment

## DRUG FREE WORKPLACE

We are pleased that you are seeking employment with **SERVICE COMPLETE ELECTRIC**. We are an Equal Opportunity Employer and will not unlawfully discriminate against any employee or applicant for employment. Applicant may request accommodation(s) to participate in the application process.

### Contact Information

Date Applied: \_\_\_\_\_

First Name: \_\_\_\_\_ Address: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Apt./Bldg # \_\_\_\_\_

Last Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile #: \_\_\_\_\_ In Case of Emergency:

Alternate #: \_\_\_\_\_ Name: \_\_\_\_\_

Number: \_\_\_\_\_

### Personal Information

How did you hear of us?  Friend – Name: \_\_\_\_\_

Ad – Newspaper Name: \_\_\_\_\_

Previous Employed with Service Cable Electric – Location \_\_\_\_\_

Job Fair  Internet  College  Flyer  Government Agency

Are you at least 18 years old?

Yes

No – If no, birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have the legal right to work in the United States:

Yes

No

Have you ever been convicted of a felony or misdemeanor?

No

Yes – If yes, please explain: Year convicted: \_\_\_\_\_

Conviction: \_\_\_\_\_

Sentence: \_\_\_\_\_

Probation Officer Name & phone #: \_\_\_\_\_

### Work Preferences

What position are you applying for? \_\_\_\_\_

What type of employment are you seeking?

Full-time  Seasonal

Part-time  Other: \_\_\_\_\_

What is your availability? \_\_\_\_\_

Can you work weekends?

Yes

No

Are you available to work overtime?

Yes

No

When are you available to start? \_\_\_\_\_

Do you have any scheduled time off? \_\_\_\_\_

What are your salary expectations?

\$ \_\_\_\_\_/Hr \$ \_\_\_\_\_ Annually

Distance willing to travel? \_\_\_\_\_

### Education

|                              | Institution Attended | City/State | # Years | Area of Study                        |
|------------------------------|----------------------|------------|---------|--------------------------------------|
| <b>High School:</b>          |                      |            |         | <input type="checkbox"/> Diploma/GED |
| <b>Vocational/Technical:</b> |                      |            |         | <input type="checkbox"/> Graduated   |
| <b>College/University:</b>   |                      |            |         | <input type="checkbox"/> Graduated   |
| <b>Post Graduate:</b>        |                      |            |         | <input type="checkbox"/> Graduated   |

### Credentials / Licenses

| Type of Credential/License | Issued By | Issue/Expiration Date | License # |
|----------------------------|-----------|-----------------------|-----------|
|                            |           |                       |           |
|                            |           |                       |           |
|                            |           |                       |           |

## Work History

|                                                                                                                   |                         |                   |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|
| Name/Company: _____                                                                                               | Start Date: _____       | End Date: _____   |
| Employer Address: _____                                                                                           | City, State, Zip: _____ |                   |
| Supervisor: _____                                                                                                 | Phone #: _____          | Job Title: _____  |
| Reason for leaving: _____                                                                                         | Starting Pay: _____     | Ending Pay: _____ |
| OK to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide details/alternative: _____ |                         |                   |

|                                                 |                                                                                                                                                                                                                                                        |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interviewer Comments<br>_____<br>_____<br>_____ | Reference Confirmation<br><input type="checkbox"/> Verified by phone: Date: ____/____/____<br><input type="checkbox"/> Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If No, please explain: _____<br>_____<br>_____ |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |                         |                   |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|
| Name/Company: _____                                                                                               | Start Date: _____       | End Date: _____   |
| Employer Address: _____                                                                                           | City, State, Zip: _____ |                   |
| Supervisor: _____                                                                                                 | Phone #: _____          | Job Title: _____  |
| Reason for leaving: _____                                                                                         | Starting Pay: _____     | Ending Pay: _____ |
| OK to contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide details/alternative: _____ |                         |                   |

|                                                 |                                                                                                                                                                                                                                                        |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interviewer Comments<br>_____<br>_____<br>_____ | Reference Confirmation<br><input type="checkbox"/> Verified by phone: Date: ____/____/____<br><input type="checkbox"/> Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If No, please explain: _____<br>_____<br>_____ |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                |                                      |
|------------------------------------------------------------------------------------------------|--------------------------------------|
| Interviewed By:<br><br>Start Date:<br><br>Starting Pay Rate:<br><br>Position:<br><br>Job Site: | Notes<br><br>_____<br>_____<br>_____ |
|------------------------------------------------------------------------------------------------|--------------------------------------|

## References

Give name, address, telephone number, and company name of three character references who are not related to you.

| Name | Address | Telephone Number | Company Name |
|------|---------|------------------|--------------|
|      |         |                  |              |
|      |         |                  |              |
|      |         |                  |              |

### My signature below confirms that:

- The information I have provided is true and correct to the best of my knowledge.
- I authorize you to confirm any of the information provided, obtain employment references and personal history, and obtain a consumer report which may include a criminal background, MVR (DMV) and/or credit check information. I also authorize you to disclose any pertinent information concerning me to others, including companies with whom I may interview or be assigned to. Further, I release all parties and persons from any liability that may result from furnishing such information to you, as well as, from the use or disclosure of such information to you.
- Any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer of employment or my dismissal from employment if I am hired.
- I agree that the employment relationship can be terminated at will either by me or by you, with or without cause, and with or without notice, at any time.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_



2781 Wrights Road, Suite 1201, Oviedo, Florida 32765  
Tel: (407) 679-3500 Fax: (407) 679-2377

**NOTICE TO APPLICANTS** \_\_\_\_\_

**SERVICE COMPLETE ELECTRIC** 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 **SERVICE COMPLETE ELECTRIC'S** Drug and Alcohol Policy Statement.

For persons receiving a conditional offer of employment, failure of a drug test or refusal to submit to drug testing when required by the Company shall terminate any job offer. For employees, failing a drug test or refusing to submit to a drug test will result in termination of employment.

Persons receiving a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer ( MRO ) the use of prescription or non-prescription medications both before and after being tested. Additionally, job applicants shall receive a list of common medications which may alter or affect a drug test. Job applicants will also be given the 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. 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 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 of the substances to be tested prior to administration of the drug tests. All test results will remain confidential except as allowed by law. **SERVICE COMPLETE ELECTRIC** will provide all job applicants with a copy of the Company's Drug and Alcohol Abuse Policy Statement prior to the 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.*

**SERVICE COMPLETE ELECTRIC** \_\_\_\_\_

Applicant Name : \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date : \_\_\_\_\_

Witness : \_\_\_\_\_

(A1) 6/09