

SUNCOAST CONTRACTORS SUPPLY
Application For Employment

We are an Equal Opportunity Employer and are committed to excellence through diversity

Please print or type. The application must be fully completed. Please complete each section, even if you attach a resume.

Personal Information

Name

Address	City	State	Zip
Phone Number	Email Address		
Social Security Number	Date Of Birth		

Position

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired Full Time Part Time Full or Part Time

Education

School Name	Location	Years Attended	Degree Received	Major

References (No Relatives Or Previous Employers)

Name	Title	Company	Phone

License Information

Do You Have A Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No		What Is Your Means Of Transportation To Work	
Driver License #	State Of Issue	Expiration	
Have You Had Any Accidents In The Last (3) Three Years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____
Have You Had Any Moving Violations In The Last (3) Three Years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____
Have You Ever Been Convicted Of A Felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (Please print)	Signature
Date	

SunCoast Contractors Supply

NOTICE TO APPLICANTS

SunCoast Contractors Supply has established and maintains a Drug Free Workplace Program. *This* Drug-Free Workplace Program is in conformity with chapter 440.102 FL. Stat, 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 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 action against an employee up to and including 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 medication both before and after being tested. Additionally, job applicants shall receive 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 (5) working days after written notification of the test result. A job applicant will also have an opportunity to request a re-test at the job applicant's expense. If a job applicant's explanation of challenge *is unsatisfactory*, the job applicant may contest the drug test results 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 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. The Company will provide all job applicants with a copy of the Company's Drug and Alcohol Abuse Policy Statement prior to administration of a drug test.

Suncoast Contractors Supply, Inc.

Applicant Signature: _____

Print Name: _____

Date: _____

SunCoast Contractors Supply

APPLICANT DRUG TESTING CONSENT AND RELEASE

Pursuant to 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 SunCoast Contractors Supply, (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 my 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 President of the Company, and to such other management personnel as may require this information on a need to know basis. However, my understanding *is* that any information derived from these tests will be confidential between the laboratory, the President of the Company and the Medical Review Officer, except as otherwise provided by law, or if I place the test or it's results in issue in any administrative, legal, or other proceeding.

I further agree to release and hold the Company and its agents, employees and assigns, including the laboratory collecting and conducting these tests, harmless from any liability arising in whole or in part out of the collection or testing of the specimens I provide or from the use of the information derived from these tests in consideration of my employment application.

I have carefully read this Consent and Release form and understand *it* completely. I also understand that execution this Consent and Release *is* a condition of employment with the Company and my refusal to sign will result in the withdrawal of any offer of employment I may receive. I am signing this form voluntarily and have not been coerced, or placed under *duress* by any person.

Applicant:

Date: _____

Signature: _____

Print Name: _____

SSN#: _____

Witness 1:

Signature: _____

Print Name: _____

Witness 2:

Signature: _____

Print Name: _____