

APPLICATION FOR EMPLOYMENT



1203A West Main Street, Leesburg, FL 34748
 phone: 352-323-0068 fax: 352-323-0038

Application must be filled out completely, in order to be considered for employment.

Submit completed application by emailing to amberh@aluminumcontractors.com or drop-off to office.

APPLICANT INFORMATION:

Name _____ Phone Number _____
 LAST FIRST MI

Address _____ Social Security # _____
 STREET
 CITY STATE ZIP CODE

Emergency Contact: _____ Phone Number _____

POSITION APPLYING FOR (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Helper | <input type="checkbox"/> Shop / Pre-Fabrication |
| <input type="checkbox"/> Installer | <input type="checkbox"/> Sales / Estimation |
| <input type="checkbox"/> Supervisor/Superintendent | <input type="checkbox"/> Any available position |
| <input type="checkbox"/> Office | <input type="checkbox"/> _____ |

Available start date: _____ Hourly wage desired: _____

EMPLOYMENT ELIGIBILITY:

- Yes No Are you legally eligible for employment in this country?
- Yes No Are you able to meet the attendance requirements for this position?
- Yes No Have you ever filed or received compensation for any work related accident?
- Yes No Have you ever or are you currently in litigation for any work related accident?
- Yes No Do you have a valid driver's license? If so, DL#: _____ State: _____
- Yes No Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? (Answering "yes" does not constitute an automatic bar to employment possibilities. Factors, such as, offense date, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.)

If yes, please provide date(s) and details.

EDUCATIONAL HISTORY: List high school, college, trade or vocation school information.

<u>HIGH SCHOOL</u>	<u>CITY</u>	<u>STATE</u>	<u>YEARS ATTENDED</u>	
			to	from
<u>COLLEGE - VOCATIONAL</u>				

Skills and/or qualifications (special training, skill, licenses and/or certifications that may qualify you to perform job-related functions for applied position.

PERSONAL REFERENCES:

NAME	CITY, STATE	TELEPHONE #	YEARS KNOWN

**EMPLOYMENT HISTORY - Please explain any gaps in employment in comments section below.
If you are currently employed, may we contact your employer?** Yes No

Employer: _____	Dates Employed:	Start _____ / _____ month year
Address: _____		End _____ / _____ month year
City State		
Beginning Wage/Hourly Rate: \$ _____ per _____	Job Title:	_____
Ending Wage/Hourly Rate: \$ _____ per _____	Telephone:	_____
Job responsibilities: _____ _____		
Reason for leaving: _____		

Employer: _____	Dates Employed:	Start _____ / _____ month year
Address: _____		End _____ / _____ month year
City State		
Beginning Wage/Hourly Rate: \$ _____ per _____	Job Title:	_____
Ending Wage/Hourly Rate: \$ _____ per _____	Telephone:	_____
Job responsibilities: _____ _____		
Reason for leaving: _____		

Employer: _____	Dates Employed:	Start _____ / _____ month year
Address: _____		End _____ / _____ month year
City State		
Beginning Wage/Hourly Rate: \$ _____ per _____	Job Title:	_____
Ending Wage/Hourly Rate: \$ _____ per _____	Telephone:	_____
Job responsibilities: _____ _____		
Reason for leaving: _____		

EMPLOYMENT POLICIES & RELEASE FORM

Aluminum Contractors, Inc. is an equal employment opportunity employer and does not discriminate because of age, sex, race, color, national origin, disability or religious preference.

It is the policy of Aluminum Contractors, Inc. not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodations as required by the ADA. Aluminum Contractors, Inc. does not unlawfully discriminate employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

Aluminum Contractors, Inc. is a drug and alcohol free workplace. To ensure worker safety and integrity of the workplace, Aluminum Contractors, Inc. prohibits the use, possession, distribution or sale of chemical substances, drugs, drug paraphernalia or alcohol at its facilities or project sites by its employees or persons who engage or seek to engage in business and/or employment with Aluminum Contractors, Inc.

Smoking is not permitted inside the office area at any time. For the safety and health of its employees, Aluminum Contractors, Inc. is committed to a smoke-free environment and smoking will be allowed only in designated areas.

This application is current for a period of sixty (60) days. At the conclusion of this time, if you have not heard from Aluminum Contractors, Inc. and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand and agree that employment is for no definite period, and may be terminated at any time without previous notice, regardless of the date of payment of wages and/or salary.

If I am hired, I understand any misrepresentation or material omission made by me on this application may be sufficient cause for immediate termination, whenever such information is discovered.

If I am hired, I understand I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration law requires me to complete an I-9 Form in this regard.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. Aluminum Contractors, Inc. reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

If for any reason my job is terminated for substandard performance, misconduct, not showing up for work, etc. or I choose to quit without notice, I understand that my last paycheck may be paid at the current governing minimum wage rate.

If I am hired, I understand that I will be placed on probation for a period of 90 days, which begins on the first day that I report to work. I agree that under appropriate circumstances, particularly if I am involved in an accident during work hours, I may be required to submit to a test administered by a qualified authority that will determine if alcohol or chemical substances are present. I understand that positive results of this test can effect my eligibility for my workers' compensation benefits.

Additionally, I understand that refusal to submit voluntarily to such tests or that detection of the presence of alcohol or chemical substances (drugs) by such a test will result in my immediate discharge.

I authorize Aluminum Contractors, Inc. to contact and obtain information from all references, employers and schools to verify the accuracy of the information contained in this application, in addition to investigative activities as part of the background review of prospective employees. I hereby release Aluminum Contractors, Inc. and its representatives from liability for seeking, gathering and/or using such information. Additionally, I hereby release, all others persons, corporations or organizations for furnishing such information to Aluminum Contractors, Inc.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Aluminum Contractors, Inc., other than an authorized officer has the authority to make any assurances to the contrary.

I have read and fully understand the above and seek employment under these policies and conditions.

I hereby certify that the information provided and contained in this application is true.

Signature of Applicant

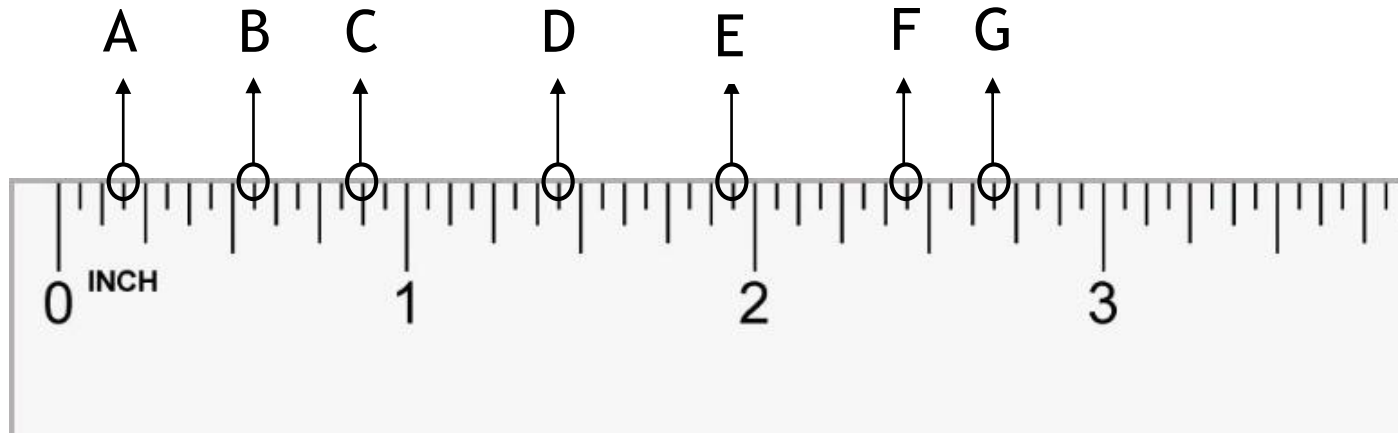
Date



Aluminum Contractors, Inc.

1203A West Main Street, Leesburg, FL 34748
phone 352.323.0068 fax 352.323.0038
SCC056665 CBC1250226

PLEASE WRITE IN WHAT THE FOLLOWING MEASUREMENTS ARE THAT CORRESPOND WITH THE LETTER MARKED.



A _____

B _____

C _____

D _____

E _____

F _____

G _____