## APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information						Date				
NAME (LAST NAME FIRST)						SOCI	AL SECU	RITY N	UMBER	_
PRESENT ADDRESS		CITY		S7	TATE				ZIP	CODE
PERMANENT ADDRESS		CITY		S	ГАТЕ				ZIP (	CODE
PHONE NO.			REFERRED BY							
Employment Desired										
POSITION				DATE	YOU CA	₹N STAF	₹T 		SALARY I	DESIRED
ARE YOU YES EMPLOYED NOW YES	NO	IF SO, MAY WE IN OF YOUR PRESEN		Т	ES		ARE YOU FO WOR	K IN TH	LLY AUTH HE US WHEN	HORIZED YES NO
EVER APPLIED TO THIS COMPANY BEFORE?		YES NO	VVIILIXL					,	WILLIN	
Education History										
		NAME & LOCATI	ION OF SCHOO	)L		YEA ATTE	ARS NDED		O YOU DUATE	SUBJECTS STUDIED
HIGH SCHOOL										
COLLEGE										
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL										
General Information										
SUBJECTS OF SPECIAL STUD	Y / RESE	ARCH WORK								
SPECIAL TRAINING										
SPECIAL SKILLS										
U.S. MILITARY OR NAVAL SE	RVICE		ļ	RANI	K					
FORMER EMPLOYERS (LIST	Γ BELO\	W LAST FOUR EM	IPLOYERS, ST/	ARTII	NG WITI	H LAST	ONE F	IRST)		
DATE MONTH AND YEAR	NAN	ME AND ADDRESS	S OF EMPLOYE	ER	SALA	ARY	POS	ITION	RI	EASON FOR LEAVING
FROM	<del></del> -									
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REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO WHOM WHOM YOU HAVE KNOWN FOR AT LEAST A YEAR **BUSINESS** YEARS KNOWN NAME **ADDRESS A**UTHORIZATION "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand taht, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws." DATE \_\_\_\_\_\_ SIGNATURE \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_\_ DATE \_\_\_\_\_ — DO NOT WRITE BELOW THIS LINE — REMARKS NEATNESS CHARACTER

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this

form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use

2. -

**POSITION** 

ABILITY

WILL

REPORT

3. -

SALARY

**WAGES** 

PERSONALITY

APPROVED:

FOR

complies with applicable laws, which change from time to time.

DEPT.

HIRED

## **Amplex Wholesale Nursery**

# AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I State that the information I have provided to Amplex with the regards to my seeking employment is true and complete. I understand that any false statement made in this regard will result in my not being offered employment or in termination of employment. I further understand that this authorization is not and is not intended to be a contract of employment, nor does this authorization obligate Amplex in any way if it determines not to employ/retain me.

I hereby authorize Amplex or any of it's agents to make an inquiry into my personal history, education, employment, driving records and criminal history through any investigative agencies. Amplex may request such reports for any purpose it deems appropriate, including, but not limited to, inquires permitted by law.

Date:		
	Name of Applicant	
	Signature of Applicant	
	Social Security Number	
	Drivers License Number	State

## Cuarto de ninos Al por mayor De Amplex

# AUTORIZACION DE CONDUCIR LA INVESTIGACION DEL FONDO

Indico que la informacion que he proporcionado a Amplex con el respeto a mi empleo el buscar es verdad y completo. Entiendo que calquier declaracion falsa hecha en este respeto dara lugar en mi que no es ofrecido el empleo o a la terminacion de mi empleo. Entiendo mas lejos que esta autorizacion no es y no esta pensada ser un contrato del empleo, ni esta autorizacion obliga Amplex de cualquier manera si me determina no a employ/retain.

Autorizo por este medio Amplex o cualquiera de sus agentes a hacer una investigacion en mi historia personal, educacion, empleo, conduciendo expedientes e historia criminal a traves de cualquier agencia investigadora. Amplex puede solicitar tales informes para cualquier proposito que juzgue apropiado, incluyendo, pero no limitado a, las investigaciones permitidas por la ley.

Fecha:	
	Nombre De la Impresion
	Firma
	Numero De la Seguridad Social
	Numero De la Seguridad Social
	Licencia De los Conductores Estado

## **Amplex Wholesale Nursery**

#### CONSENT FORM FOR DRUG TESTING

1)	I understand that Amplex has a policy against the use, possession or
	distribution of illegal drugs by its employment applicants and employees.
	I further understand that the Company has adopted a drug policy testing
	program as one method of implementing that policy.

- I hereby consent to the taking of urine or blood samples by the company, or its agents for purpose of the above drug testing of such samples by Laboratory Corporation of America or any other such drug testing laboratory designated by the company. I hereby further consent to the release of any test reports on such samples from the laboratory to the designated Medical Review Officer, which will report such to the Human Resources Office of the company. The company may use all such reports with or without other information in their assessment of my employment application, and/or employment status.
- I also understand that I have a legal right under the Confidentially of Medical Information Act to receive a copy of this consent form.
- I further understand that if I refuse to test, or if I am injured in the course and scope of my employment, and test positive for a substance described within the company drug policy, I may be required to (1) Forfeit my medical and indemnity benefits under the Florida Worker's Compensation Act, and upon exhaustion of the procedures in 59A-24.003 (7) F.A.C., and Section 112.0455 (13) and F.S. 440.102. (2) Be subject to discipline up to and including termination of employment.
- 5) This consent will be in effect from this date signed and will remain in effect as long as I am employed by this Company.

Date:	Signature	
	Print Name	
	Address	

#### Cuarto de ninos Al por mayor De Amplex

# FORMA DEL CONSENTIMIENTO PARA LA PRUEBA DE LA DROGA

- 1) Entiendo que Amplex tiene una politica contra el uso, la posesion o la distribucion de drogas ilegales de sus aspirantes y empleados del empleo. Entiendo mas lejos que la compania ha adoptado un programa de prueba de droga como un metodo de poner esa politica en ejecudio'n.
- Consiento por este medio a tomar de los asamples de la orina o de la sangre de la compania por, o sus agents para purposed del programa de prueba antedicho de la droga y a la prueba de tales muestras Laboratory Corporation de America o cualquier otro tal laboratorio de prueba de la droga senalado por la Compania. Formento por este medio consentimiento al lanzamiento de cualquier informe de prueba sobre tales muestras del laboratorio al official medico senalado de la revision, que divulgara tales a la oficina de los recursos humanos de la compania. La compania puede utilizar todos tales informes con o sin la otra informacion en su gravamen de mi uso del empleo, y/o estado de empleo.
- Tambien entiendo que tengo una derecha legal debajo de confidencial del acto medico de la informacion de recibir una copia de esta forma del consentimiento.
- 4) Entiendo mas lejos que si rechazo probar, o si me danan en el curso y alcance de mi empleo, y probar el positive para una sustancia describio dentro de la politica de la droga de la compania, Puedo ser requerido (1) a la perdida mis ventajas medicas y de la indemnidad bajo acto de la remuneracion del trabajador de la Florida, y sobre el agotamiento de los procedimientos en 59A-24.003 (7) F.A.C., y seccion 112.0455 (13) ao F.S. 440.102. (2) Be conforme a disciplina hasta y a incluir la terminacion del empleo.
- 5) Este consentimiento sera en efecto a partir de esta fecha firmada y sequira siendo en efecto mientras a esta compania me empleo.

echa	Firma
	Nombre De la Impresion
	Direccion