

Hire Date: _____ Wage: _____

**EMPLOYMENT APPLICATION
TAMPA ROOFING COMPANY, INC.**

MUST HAVE 2 VALID IDs IN ORDER TO WORK
(Drivers License, Social Security, Green card)

Social Security No: _____ - _____ - _____

Date: _____

Telephone Number: _____

Marital Status: _____

Full Name (First, Middle, Last) _____

Address _____ City _____ State _____ Zip Code _____

Can you verify that you are at least 18 years of age? Yes No

Date of Birth (optional) _____

Are you legally entitled to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No

If so, explain: _____

Are you or have you been in the Armed Forces? Yes No

In case of emergency, notify: _____

Name

Relationship

Address

Telephone number

EDUCATION/TRAINING

Junior High School
Name & Location: _____ Last year completed _____

Senior High
Name and Location: _____ Last year completed _____

College or other
Education: _____ Graduated: Yes No

PREVIOUS EMPLOYMENT

COMPANY: _____

Address _____ City _____ State _____ Zip _____

Type of work performed: _____

Dates Employed: from _____ to _____

Rate of pay \$ _____ Reason for leaving _____

COMPANY: _____

Address _____ City _____ State _____ Zip _____

Type of work performed: _____

Dates Employed: from _____ to _____

Rate of pay \$ _____ Reason for leaving _____

COMPANY: _____

Address _____ City _____ State _____ Zip _____

Type of work performed: _____

Dates Employed: from _____ to _____

Rate of pay \$ _____ Reason for leaving _____

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DRIVER'S LICENSE INFORMATION

Type of Driver's License you hold: _____ Issued by what State? _____

Operator Chauffeur CDL Class _____

Expiration License How many years
Date: _____ No. _____ Driving: _____

Any restrictions? _____ Is your license valid? _____

OTHER INFORMATION

Do you have the ability to perform all essential job functions of the positions for which you are applying with or without accommodations: ___ yes ___no If no, please explain:

If an accommodation is needed, please explain how you would perform the tasks, and what accommodations you require: _____

TAMPA ROOFING COMPANY, INC.
1700 ELLICOTT STREET
TAMPA, FL 33610
813-238-6436

General Notice of Intent to Obtain
Report under Fair Credit Reporting Act (FCRA)
And Applicant and/or Employee's Authorization to Obtain
Consumer Report under FCRA

Disclosure of Intent to Obtain Consumer Reports

You are hereby notified that Morrow Insurance Group will request a consumer report from a consumer reporting agency on you, which will include a Motor Vehicle report, to be used for the purpose of underwriting of insurance. This report can be done at any time prior to or during your employment.

Authorization to Obtain Consumer Reports
Please Read Carefully

I authorize Morrow Insurance Group to conduct a background check on my driving record and to obtain a Department of Motor Vehicle Report, which I authorize Morrow Insurance Group to obtain from a consumer reporting agency at any time prior to or during my employment. I authorize such release of information from any agency or business, and I release then from any legal liability in providing any information. A copy of this authorization will serve as a valid document.

_____ Date

_____ Signature

Print Name: (first, middle, last): _____

Former Names (i.e. maiden, etc.): _____

Date of Birth: _____

Marital Status: _____

Drivers License Number, Type and State of Issue: _____

Employer to maintain original and provide signed copy to applicant/employee and to insurer/ agent.

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**AGREEMENT AND AUTHORIZATION
(Read Carefully Before Signing)**

In signing and submitting this application for employment to TAMPA ROOFING COMPANY, INC., I clearly understand and agree:

- (1) I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that omission, misrepresentation or falsification of information is grounds for refusal to employ me or my dismissal if I am employed;
- (2) I authorize my references, schools, and current and past employers to give the Company any and information they may have, personal or otherwise, and release all parties from all liability for any damage or claim that may result from furnishing the same to the Company;
- (3) I agree to submit to any alcohol or drug screen or other tests as warranted by circumstances at the discretion of the Company;
- (4) If I am employed and I should fail to return any tools, which I may check out, I hereby authorize the Company to deduct from my pay due me, at the time, the value of such tools. I also agree to furnish the personal tools customarily required for my job;
- (5) If accepted for employment, I understand such acceptance may be contingent on my passing a medical examination and for the purposes of a medical examination, I authorize any doctor with whom I have consulted previously in a physician-patient relationship to release and convey any information relative to such a consultation or treatment;
- (6) If I am employed, I agree to abide by the rules, regulations and policies of the company, and understand my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at the option of either the Company or myself.
- (7) I understand that no representative of the company, other than the President of the Company, has any authority to enter into any contractual agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.

DATE

SIGNATURE OF APPLICANT

STATEMENT OF POLICY

We have recognized that drug and alcohol abuse is an on-the-job problem as well as a social problem. We believe the abuse of alcohol and the use of illegal drugs endangers the health and safety of the abusers and of others around them.

Tampa Roofing Co. has established a drug free workplace as defined by the Florida Drug Free Workplace Act, 440.101, Drug Free requirements, and Rule Chapters 38F-9.001-17 through 38F-9.014 of the Florida Administrative Code, and the Drug Testing Rule of the Division of Workers' Compensation of Labor and Employment Security; F.S. Section 287.07. This Drug Free Workplace Summary is intended to summarize the primary provisions of the referenced laws and the Company's complete drug free workplace policy, copies of which are available for inspection by employee(s) upon request.

Our policy formally states that it is a condition of employment for an employee to refrain from reporting to work or working with the presence of illegal drugs/alcohol in his or her body.

This policy also prohibits the use, sale, distribution, manufacture or possession of alcohol, drugs or related paraphernalia or being under the influence of alcohol or drugs while on Company premises or work sites.

Employees shall not use or be under the influence of medication while working if the medications have the potential to alter or to adversely affect their judgment, motor skills, to induce sleepiness or to otherwise detract from their safe job performance. If you are taking any medication that would have such effects, you must notify your supervisor.

DRUG FREE WORK PLACE PROGRAM MONITORING

To measure the success of, and to aid in enforcing our Drug Free Workplace Program, the following types of drug screening tests will be administered to detect the presence of AMPHETAMINES, CANNABINOIDS (Marijuana), COCAINE, PHENCYCLIDINE (PCP), AND OPIATES:

1. Job applicants, as a condition of obtaining employment.
2. Employees who, by reliable evidence, or by their observed or reliably reported behavior, may be Reasonably Suspected of: (a) Using, having ingested, or being under the influence of drugs, alcohol or medications while working, (b) tampering with a drug screening test or causing, contributing to or being involved in an accident involving reportable injury (i.e., an injury sufficient to require the attention of a medical professional), lost time, and/or property damage sufficient to delay or halt work. All specimens must be provided by the employee as soon as possible but no later than 32 hours after the accident.
3. Employees are required to submit to an unannounced drug test when selected pursuant to a random selection process.
4. Employees as a FOLLOW-UP to return from a rehabilitation program or EAP. These employees will be tested unannounced.
5. In addition to the drugs named above, tests for the presence of alcohol will also be administered as a result of the conditions states in Section 2 above. If reasonable suspicion exists, a blood specimen will be provided for the alcohol test.

REPORTING OF TEST RESULTS

Testing for the presence of drugs and alcohol will be performed by an approved laboratory after obtaining urine specimens for drug tests and blood samples for an alcohol test. All positive specimens from the initial screening are then tested a second time using a different technique and chemical principle from the initial test to insure reliability and accuracy. All test results are reported to the Medical Review Officer for verification prior to being transmitted to the employee and/or Employer.

The medical Review officer (MRO) will review all test results. Confirmed positive result will only be reported to the Company after the MRO has ascertained that personal prescriptions or other legal substances do not account for an initial positive test. A list of substances detailed by brand or common names which could alter or affect the initial outcome of a drug test is available in the Company's full Drug Free Workplace policy.

CHALLENGES TO CONFIRMED POSITIVE TEST RESULTS

The donor has five (5) working days, after receiving notice from the Company of a confirmed positive test result, to submit information to the Company explaining or contesting the test result(s).

If the donor's explanation or challenge of a positive test result is deemed unsatisfactory by the Company, the Company shall, within fifteen (15) days of receipt of the donor's explanation or challenge, provide the donor with a written explanation as to why his or her explanation is deemed unsatisfactory, along with the report of positive result(s).

The applicant/employee may undertake an administrative challenge of the test result by filing for benefits with a Judge of Compensation Claims pursuant to §440, F.S., or if no workplace injury has occurred, the donor must challenge the test result in a Court of competent jurisdiction. When a donor undertakes a challenge to the results of a test, it shall be his or her responsibility to notify the testing laboratory of the challenge, and the testing sample shall be retained by the laboratory until the case is settled.

In the event of a positive test result, the donor, during the 180 day period after written notification of a positive test result, may request independent testing at their expense of a portion of the test specimen for verification of the test result. The laboratory performing this testing must also be licensed or certified. The result(s) of the independent testing may be used in any administrative or legal challenge.

- **POSITIVE CONFIRMED DRUG OR ALCOHOL TEST**
- **REFUSAL TO BE TESTED FOR DRUGS OR ALCOHOL**

1. Job Applicants will not be hired.
2. Employees being tested in conjunction with, or as a result of, reasonable suspicion behavior, random, or because of contributing to, causing, or being involved in an accident may be retained at *Company* only if the following criteria are met:
 - a) It is the employee's first offense while in the employment of the Company,
 - b) The employee was not engaged in the sale of drugs or engaged in any other criminal activity, such as theft.
 - c) Work is available in which the employee can be assigned at an appropriate pay scale, which in the sole judgment of management, does not by virtue of the employee's confirmed drug/alcohol abuse, endanger the safety of coworkers, general public or pose an unreasonable risk to Company products or property,
 - d) The employee agrees to substance/alcohol abuse rehabilitation.
3. Injured employees, in addition to the above consequences, may also forfeit eligibility for Workers' Compensation medical payments and indemnity payments.
4. Employees refusing, under any circumstances, to submit to a drug test will be terminated and will forfeit eligibility for Workers' Compensation and medical and indemnity benefits.
5. Employees **convicted** of violating controlled substance laws will notify the employer within 5 days of the event. And if this policy was also violated, employee may be retained if the above criteria are met.
6. Unemployment benefits could be denied to employees terminated for violating this Drug Free Workplace policy.

CONFIDENTIALITY OF DRUG TESTING INFORMATION

All written reports and related information received by the Company, Laboratories, Employee Assistance Programs, drug and alcohol rehabilitation programs and their agents will be held in the strictest confidence and will not be disclosed except in accordance with the laws of the state or otherwise legally disclosed. Release of such information under any other circumstance shall be solely pursuant to a written consent signed voluntarily by the person tested. Information on drug test results shall not be released or used in any criminal proceeding against the employee or job applicant.

EMPLOYEE ASSISTANCE

Provided in Section P of the full Drug Free Workplace policy is a resource file of local drug and alcohol rehabilitation centers who may be able to assist you with a substance abuse need. The centers listed were selected at random from many that are available. This list does not constitute an endorsement of the company. The telephone directory yellow pages, under "Drug Abuse" and "Addiction Information or Treatment," can provide additional rehabilitation centers. Also, the United Way, listed in the telephone directory offers many confidential services at no charge. The cost of services is the employee's responsibility.

Any employee who has not previously tested positive for drug or alcohol use and has not yet entered a drug and/or alcohol abuse rehabilitation program, may seek assistance for drug and alcohol problems before the lead to disciplinary actions.

No employee will be discharged. Disciplined or discriminated against solely upon the employee voluntarily seeking treatment for a drug and/or alcohol related problem if the employee has not previously tested positive for drug use, or entered an employee assistance program for drug related problems or entered a drug or alcohol rehabilitation program.

The Company will attempt to provide appropriate referral to drug and alcohol abuse rehabilitation programs for employees who admit to drug or alcohol problems. Such employees may not continue work, but will be granted leave without pay or benefits with a conditional return to work, depending upon successful completion of an agreed upon appropriate treatment regimen, to include an initial negative test result. For up to two years, a series of periodic drug tests will be administered after return to work.