



Application for Employment

Today's Date

Your Personal Information

Name _____
Last First Middle

Address _____
City State Zip Code

Home Telephone _____ Cellular Telephone _____

E-Mail Address _____

Preferred Method of Contact: Home Telephone Cell Phone E-Mail
 Other _____

Your Emergency Contact

In Case of an Emergency, I Authorize You to Contact:

Name _____ Telephone Number _____

ALL QUESTIONS MUST BE ANSWERED
STATE "N/A" IF QUESTION IS NOT APPLICABLE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, veteran's status, citizenship status, or any other protected classes under state, local or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

THIS IS A DRUG-FREE WORKPLACE



Tell Us About Yourself *(You must answer every question on this application. If a question does not apply, put "N/A." Please print.)*

What position are you applying for? _____

What is your salary expectation? \$ _____ When can you start work? (Date) _____

How were you referred to us? _____
(If you were referred by a person, please provide the name)

Have you completed an application here before? Yes No If yes, date/location _____

Have you been employed here before? Yes No If yes, date/position/location _____

Are you available to work *(Check any that apply)*: Full-time Part-time Temporary Nights Weekends

Are there any days or times during the week that you are not available to work? Yes No
(Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable)

If yes, please list the days/times you are not available to work _____

If necessary, can you provide proof that you are over any minimum work age requirement? Yes No

Are you willing to work overtime? Yes No Do you have steady transportation to work? Yes No

Can you travel, if required? Yes No What percentage of time? _____

Are you on a layoff and subject to recall? Yes No May we contact your present employer? Yes No

How much time have you lost from work during the past 12 months? _____

Are you now, or do you expect to be, engaged in any other business or employment while working here? Yes No

If yes, please explain _____

Are you presently an officer, employee, or employer of another business in our industry or with whom we compete? Yes No

If yes, please explain _____

Have you ever been terminated or asked to resign from a job? Yes No

If yes, please explain _____

Have you ever been refused bond? Yes No

Why do you desire to make a change? _____

Are you legally eligible to work in the United States? Yes No *(Proof of citizenship status/identity required upon hire)*

What three things are most important to you in a job? 1) _____ 2) _____ 3) _____

What three adjectives best describe you? 1) _____ 2) _____ 3) _____

What type of work do you most enjoy? _____

Why do you want to work at Florida Wire & Rigging Supply, Inc.? _____

Tell Us About Your Special Skills and Qualifications

List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company:

List any professional, trade, business, or civic activities or offices held that would relate to working here:

List any foreign languages that you fluently speak, read, and/or write that would relate to working here:

List software programs that you are proficient in:

Your Educational Background

Schooling	Did You Graduate?	Years Completed	Degree Received and Major Subject	Name of School	Location
High School or GED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade, Business, or Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Tell Us About Your Driving Record (Necessary for positions that may require use of a personal or company vehicle for work)

Do you hold a valid Driver's License? Yes No If yes, provide the state _____

Have you been convicted of any moving violation(s) in the last 3 years? Yes No

If yes, give date(s) and explanation of each:

Tell Us About Your Past (Answering "yes" to any of these questions is not an automatic bar to employment.)

Have you ever been disciplined or terminated from any job for an act of violence, harassment, discrimination, ethical breach or theft?

Yes No If yes, explain the circumstances, employer, and date:

Have you ever been a defendant in a civil action for an intentional tort? (e.g. assault, battery, false imprisonment, infliction of emotional distress, tortious interference with a business relationship, defamation, invasion of privacy, fraud and misrepresentation, abuse of process and malicious prosecution or others)

Yes No If yes, provide an explanation of the nature of the intentional tort, the date of the action, the location, and the disposition or outcome:

Do you currently have any criminal charges pending against you?

Yes No If yes, describe the details of the charge(s), the date(s) of the offense(s) (month and year), your age at the time of the offense(s), and the current status of the charge(s):

Are you currently wanted by any law enforcement agency?

Yes No If yes, by what agency and for what act?

Tell Us About Any Records (Must be answered by all candidates.)

Have you ever been convicted of; received a sentence for; pled nolo contendere (no contest) to; been placed on probation, fined, or entered a pretrial intervention program for; or had adjudication withheld by any judicial or quasi-judicial body for a crime, other than a minor traffic violation? (Any criminal record not disclosed by you may be considered falsification of this application, which may result in revocation of your employment offer or termination of your employment. Also, in accordance with state or federal regulations, you may be required to provide copies of any criminal records. Answering "yes" to this question is not an automatic bar to employment.)

Yes No If yes, describe the details of the conviction or other disposition of the charge, the date of the offense (month and year), your age at the time of the offense, and your rehabilitation since the conviction and/or disposition of the offense.

Your Work History and Any Employment Gaps (Must be completed even when accompanied by resume)

List most recent or current job first. You must include any gaps in employment, with a full explanation and dates for the gap. You must also provide a complete work history.

Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone: <small>(Include Area Code)</small>		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
State Reason			Supervisor's Name
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			
Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone: <small>(Include Area Code)</small>		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
State Reason			Supervisor's Name
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			

OVER

Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone: (Include Area Code)		Supervisor's Name
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
State Reason	Starting	Final	
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			
Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone: (Include Area Code)		Supervisor's Name
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
State Reason	Starting	Final	
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			
Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone: (Include Area Code)		Supervisor's Name
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
State Reason	Starting	Final	
Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			

If you need more space to provide a full work history, request additional work history pages.

Your Military Service

Branch of service _____
 Rank at discharge, if applicable _____
 List duties and special training and/or skills _____

Agreement and Release

For the purpose of this agreement and release, Florida Wire & Rigging Supply, Inc. is referred to as "the company," "this company," or "you." The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after employment) or any other employment form may lead to dismissal or denial of employment. Florida Wire & Rigging Supply, Inc. is hereby authorized to make any investigation of my personal history, financial, criminal, credit, and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer a personality profile or other pre-employment tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, and I agree to submit to a medical evaluation, if required. I consent to the release of any or all medical information or records deemed necessary to determine my capability to perform the essential job functions of the position for which I may hold.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. In exchange for the consideration of my employment application by Florida Wire & Rigging Supply, Inc., I hereby release and forever discharge Florida Wire & Rigging Supply, Inc. (including its directors, officers, employees, and agents) and my past and/or present employers (including their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

I understand that if my application is accepted that employment at Florida Wire & Rigging Supply, Inc. is, at all times, employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this company specifically acknowledges such change. I further understand that my "at will" employment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period.

I have read, understand, and by my signature consent to these statements, and by checking this box, I hereby affirm that the name I enter below is my signature.

Signature of Applicant _____ **Date** _____

State and/or federal regulations are subject to change at any time; therefore, the questions on this form are subject to exceptions and qualifications. The author does not bear responsibility for ensuring this form is up to date and compliant with state, federal, or local employment regulations. If in doubt, seek assistance from a qualified expert. Also, the author is not responsible for any unauthorized changes or omissions to the form.

RELEASE AND AUTHORIZATION

I _____ in connection with my application for employment at Florida Wire & Rigging Supply, Inc. hereby authorize Florida Wire & Rigging Supply, Inc. (“Company”) and ScreeningOne, Inc. to perform a pre-employment background screening check (including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of Company as a sound business practice, but also for the benefit of all employees. It is no reflection on an applicant. I have read, understand and signed the separate Disclosure concerning my rights.
2. All reports are confidential, and provided to Company for employment decisions only. Consumer credit information including credit reports are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504.
4. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to Company or Screening One.
5. I further release all of the above, including Company and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

By checking this box, I hereby affirm that the name I enter below is my signature.

Your signature _____ Date _____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

Last Name First Name Middle Name Social Security Number

DOB: ____/____/____

Former Names

Date of Name Change

Name on Drivers License

Driver’s License or I.D. Number

State of Issue

¹ Date of birth month and day is mandatory, year is optional.

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED
FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES

CURRENT:

FORMER:

FORMER:

FORMER:

FORMER:

FORMER:

FORMER:

May we contact your current employer? Yes____ No____

DISCLOSURE

For the benefit of Company and employees, Company has a policy of performing pre-employment background screening on job applicants as a condition of employment. This policy is a business practice that protects everyone by helping to promote a safe and profitable workplace. All pre-employment inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws, including the Fair Credit Reporting Act (FCRA). The screening will be conducted by ScreeningOne, Inc., an outside agency. Company may obtain a consumer credit report and/or an investigative consumer report on you as an applicant or during the course of employment.

1. The report consists of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning driving record, civil and criminal court records, credit, worker's compensation records, education, credentials, identity, past addresses, social security number, previous employment and personal references.
2. The report may also include reference checks from former employers, co-workers or references. Any past employment reference check is limited to job related information. These are known as an "investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact Company or Screening One, Inc. at (888) 327-6511, or at 2233 W. 190th Street, Torrance, CA 90504.
3. In using a report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates a copy of the report and a description in writing of the rights of the consumer under the title, as prescribed by the Federal Trade Commission section 609(c)(3).
4. California Provisions: In California, any report concerning a consumer's character, general reputation, personal characteristics or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights: You have the right to inspect Screening One's files during normal business hours and on reasonable notice; the inspection may be in person, by certified mail, or by telephone if the individuals shows proper identification and pays for any copying charges; the applicant may be accompanied by one other person who must show proper identification; and trained ScreeningOne personnel will explain any of the information in the report and will provide written explanation for any coded information.

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Completion of information below is completely voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also, comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* part of your official application for employment. The information will be used and kept confidential in accordance with applicable laws and regulations.

Date: _____ Position applied for: _____

Referral Source:

- Employee: _____ Walk-in Relative
- Government Employment Agency School Private Employment Agency
- Private Employment Agency Other: _____

APPLICANT INFORMATION

Name: _____ Phone # _____

Address: _____

- Male Female

EEO SELF IDENTIFICATION

Please check the box (only one) that best applies to you:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or Origin; regardless of race.
- White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, Middle East or North Africa
- Black or African American** (Not Hispanic or Latino) – A person having any origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the races above, excluding Hispanic or Latino.

VETERAN STATUS INFORMATION

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans, veterans of the Vietnam era, recently separated veterans, and other protected veterans. If you are a veteran of the Vietnam era, recently separated veteran, or other protected veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that: (1) supervisors and managers may be informed regarding restrictions on the work or duties of special disabled veterans, and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (3) government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

Please check all boxes that apply to you:

- I am a veteran of the Vietnam era.** A person who: (a) served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred in: (1) the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (2) between August 5, 1964 and May 7, 1975, in all other cases; OR (b) was discharged or released from duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).
- I am a recently separated veteran.** Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- I am an other protected veteran.** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.
- I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans.** (Note that you may make this request at this time and/or any time in the future.)
- None of the above apply to me.**

SPECIAL DISABLED VETERANS (APPLICANT: Only complete this section if the company has checked "Yes" below)

EMPLOYER: Please indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting special disabled veterans.

- Yes. The Company invites its applicants to provide information (on a voluntary basis) regarding their status as a "special disabled veteran" for inclusion in the company's affirmative action program.

Check this box ONLY if the company is actually undertaking affirmative action for special disabled veterans at the *application* state (pre-offer) or is otherwise authorized to collect this data to comply with federal, state, or local affirmative action obligations pertaining to special disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

APPLICANT: If the company has checked "Yes" to the question above, you are invited to provide additional information regarding your status as a "special disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "special disabled veteran" as:

- a) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more, or related at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a special disabled veteran, please indicate whether you would like to be included under the company's affirmative action program for special disabled veterans. You may elect to be included at this time or any time in the future.

- Yes.** I would like to be included under the company's affirmative action program for special disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)
- No.** At this time, I would not like to be included in the company's affirmative action program for special disabled veterans.

If you are a special disabled veteran, it would assist us if you tell us about any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind. _____

By checking this box, I hereby affirm that the name I enter below is my signature.

Applicant's Signature: _____ Date: _____

Please submit this PDF document to hr@floridawire.com along with your résumé.