



www.bishopsaluminum.com

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Sarasota, FL 34231
Office : (941) 925-3200 Fax: (941) 924-7364
License # RX0058615

FOR OFFICE USE ONLY
Date of Hire: _____
Start Date: _____
Position: _____
Rate of Pay: _____

Management Signature

APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Position applied for: _____

Available to start work: _____ Minimum compensation required: _____

Are you at least 18 years of age? Yes No Are you authorized to work in the United States? Yes No

WORK HISTORY

Most recent employer: _____ Phone #: _____

Address: _____ Dates employed: _____

Job responsibilities: _____ Reason for leaving: _____

May we contact? Yes No

Past employer: _____ Phone #: _____

Address: _____ Dates employed: _____

Job responsibilities: _____ Reason for leaving: _____

May we contact? Yes No

Past employer: _____ Phone #: _____

Address: _____ Dates employed: _____

Job responsibilities: _____ Reason for leaving: _____

May we contact? Yes No

Attach additional sheet or resume if necessary

RECORD OF EDUCATION

High School: _____ Did you graduate? Yes No

College: _____ Did you graduate? Yes No

Other: _____ Did you graduate? Yes No

EMPLOYMENT CONDITIONS – read carefully before signing.

By my signature below, I certify that all information on this application is true and accurate. I understand that any false statements, misrepresentations, or omissions made on this application will be considered sufficient cause for Bishop’s Aluminum to deny or terminate my employment upon discovery. I understand that employment with Bishop’s Aluminum is “at will” and therefore, for an indefinite period of time, if employed, I may terminate my employment at any time and Bishop’s Aluminum may terminate or modify the employment relationship at any time, with or without motive or cause. I understand that I am not guaranteed a specific shift, schedule, or work assignment to work overtime. If employed by Bishop’s Aluminum, I will abide by its rules, regulations, policies, and procedures.

I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to work history, criminal records, licensure, certification, education, and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability that may be incurred as a result of furnishing such information.

I understand that Bishop’s Aluminum is a “Drug Free Workplace,” and I freely and voluntarily agree to undergo drug testing as a part of the application process, or at any time during my employment with Bishop’s Aluminum. I understand that either refusal to submit to the test or failure of the test per Bishop’s Aluminum policy will disqualify me from consideration and/or continuation of employment.

Signature of applicant: _____ Date: _____

Bishop’s Aluminum is an “Equal Opportunity Employer” and does not discriminate based on race, color, age, sex, sexual orientation, gender identity, religion, national origin, disability, marital status, or any other characteristic protected by law.

NOTICE TO APPLICANTS

Bishop’s Aluminum Service, Inc. (The Company) has established and maintains a Drug-Free Workplace Program. This Drug-Free Workplace Program is in conformity with chapter 440.102, Florida Statutes, 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 Testing Lab administrator (TLA) the use of prescription or non-prescription medications both before and after being tested.

Additionally, job applicants shall receive a list of 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 working days after written notification of the test result. A job applicant will also have an opportunity to request a retest at the job applicant's expense. If a job applicant's explanation or challenge is unsatisfactory, the job applicant may contest the drug test results pursuant 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 for technical information 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.

Nothing in this Notice will affect these rights provided in any collective bargaining agreement between the Company and its employees. Refusal to complete or sign this document will result in a withdrawal of any offer of employment.

Applicant Name: _____

Applicant Signature: _____ Date: _____