



West Palm, Tampa & Orlando

powertogo.com

Non-Driver Employment Application

Personal Information

Date: _____

Name:	Phone Number : ()
Current Address:	
City, State and Zip Code:	
Social Security Number:	Date of birth:

Desired Position

Applying for	Desired Salary/Wage \$
Are you currently employed? Yes or No	May we contact your Present? Yes or No
Have you ever applied to this company, if so, when?	
Have you ever been convicted of a crime? If so, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.	

Education

	School Name & Location City & State	Date	Graduated?	Subjects
High School				
College				
Business, Trade or Correspondence Schools				

Employment History

Date, Month & Year	Name & Address	Ending Salary	Position	Reason for leaving
From: To:				
From: To:				
From: To:				

References

Name	Address & Phone Number	Business	Yrs Known

Drug Free Workplace Policy Statement

Discount Rental & Sales, Inc. acknowledges the problem of substance abuse including alcohol, in our society. We see substance abuse as a serious threat to the safety of our employees, customers and our community. We have therefore implemented a drug free workplace program in compliance with Florida drug free workplace statute 440.101, legislative intent 440.102, drug free program requirements., the agency for health care administration (AHCA), Chapter 59A-24 of the Florida administrative code, drug free standards and The Federal Drug Free Workplace Act as amended.

It is hereby a condition of employment that all applicants and employees at all times refrain from the use or influence of any illegal drugs, prescription drugs, or alcohol that could impair performance or create a safety hazard while working for us.

Employees found to be in violation of the policy are subject to disciplinary action including suspension and termination. Applicants found to be in violation will not be hired.

Drug Testing Consent

I hereby give my consent and express my willingness to undergo a drug test as requested by Discount Equipment. I also consent to the release of the results of the test to Discount Equipment. I am also consenting to the collection of a urine sample from me by my employer's physician or testing representative, which is sent to a laboratory selected by my employer. I understand that this laboratory conducts screening tests on this urine sample to detect the presence of illegal narcotics, including marijuana and other drugs, as well as signs of abuse of legal drugs. I understand that all samples are subject to careful testing procedures with mandatory confirmation of any preliminary positive results.

I understand that a positive result on a drug test can result in revocation of my employment with Discount Equipment. I agree to release and discharge Discount Equipment, and any of its designated medical personnel, agents, or authorized testing laboratories from any claims or potential liability arising out of or related to any physical or medical examination or the results of such examinations or tests that I have been asked to undergo by Discount Equipment.

Permission for Background check

I authorize Discount Equipment to conduct a background check that will include a criminal background investigation, and also verification of my job qualifications, employment history, academic credentials, licenses, professional designations, and driving record if I am required to drive on company business. I understand that employment is contingent upon a satisfactory background check. In addition, misrepresentations and/or omission of any facts on the Employment Application and/or resume are sufficient cause for summary dismissal when it is discovered.

In exchange for Discount Equipment consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Discount Equipment in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Discount Equipment or any of its employees, representatives, affiliates, or agents arising out of their efforts to obtain work-related information about me.

Proof of Residency

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that the Federal Immigration Laws require me to complete an I-9 Form in this regard.

Disabilities

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of the person's need for a reasonable accommodation as required by the ADA. The employer does not unlawfully discriminate in the employment and no question on this application if for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited local, state or federal law.

Applicant

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

I acknowledge that if I am employed, any misrepresentation or material omission made by me on this application may be sufficient cause for immediate termination, wherever it is discovered.

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

I understand this application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

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

Signature _____

Date _____