

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

GIBBS & REGISTER, INC.

APPLICATION FOR
EMPLOYEMENT
Part A - Page 2

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

WORK EXPERIENCE

Please list your work experience for the **past seven years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address			
City, State, Zip Code		From	Start
Phone number		To	Final

Job Title: _____ Telephone Number: (____) _____

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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WORK EXPERIENCE

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Job Title: _____	Telephone Number: () _____		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

OTHER QUALIFICATIONS

Summarize job-related skills and qualifications acquired and/or professional, trade, business or civic activities and offices held. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability

May we contact your present or previous employer? Yes No

Did you complete this application yourself? Yes No If not, who completed it?

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Gibbs & Register, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Gibbs & Register, Inc. depends solely on your qualifications

APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and accurate.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 150 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also 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 federal immigration laws require me to complete an I-9 form in this regard.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer as they are currently constituted or may be changed from time to time.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of applicant _____ Date: _____

Thank you for completing this application form and for your interest in our business.

ADMISIÓN DEL EMPLEADO A PROBABACIÓN

**EMPLOYEE ACKNOWLEDGEMENT OF
PROBATION**

I understand that I am on Probation as an employee for the first 90-days of my employment for the purposes of the Florida "Unemployment Compensation Law". I understand if my employer, Gibbs & Register, Inc. discharges me for unsatisfactory work performance under the Florida "Unemployment Compensation Law" he will not have his account charged for an employment benefits I might be determined eligible for in the future.

Yo entiendo que estoy en probatoria como empleado mediante un periodo de noventa (90) días por el propósito de la Ley de Compensación por Desempleo de Florida. Yo entiendo que si mi patrón, Gibbs & Register, Inc. me despide por ejecución no satisfactoria de mi trabajo, bajo la Ley de Compensación por Desempleo de Florida, su cuenta no será cargada por beneficios de empleo los cuales se hubiesen determinado si yo fuese elegible en el futuro. Admito a que he firmado este formulario a poco menos de siete (7) días de mi empleo.

Applicant Signature: _____

Firma del Apicante: _____

Applicant Name: _____

Nombre del Apicante: _____

Date: _____

Fecha: _____

GIBBS & REGISTER, INC.

*DRUG-TESTING CONSENT
AND RELEASE*

Pursuant to my application for employment, I understand that all job offers are expressly conditioned upon submitting to and passing a drug test to detect the presence of illegal drugs or alcohol use. I hereby consent to submit to a urinalysis or other tests as required by Gibbs & Register, Inc. for the purposes of testing for the presence of illegal drugs or alcohol abuse. I agree that a clinic or laboratory approved by the Florida Agency for Health Care Administration may collect and test any specimens I provide for these tests. I further agree to authorize the release of the results of these tests to the Medical Review Officer employed or retained by the Company, to the Drug-Free Administrator of the Company, and to such other management personnel as may require this information on a need to know basis. My understanding is that any information derived from these tests will be confidential between the laboratory, the Drug Free Administrator of the Company, and the Medical Review Officer, except as otherwise provided by law, or if I place the test or its results in issue in any administrative, legal or other proceeding.

I further agree to release and hold the Company and its agents, employees and assigns, including the laboratory collecting and conducting these tests, harmless from any liability arising in whole or in part out of the collection or testing of the specimens I provide or from the use of the information derived from these tests in consideration of my employment application.

I have carefully read this Consent and Release form and understand it completely. I also understand that execution of the Consent and Release is a condition of employment with Gibbs & Register, Inc./J. Register Co., Inc. and my refusal to sign will result in withdrawal of any offer of employment I may receive. I am signing this form voluntarily and have not been coerced nor placed under duress by any person

Applicant:

Date: _____

Print Name: _____

SSN: _____

Witness:

Print Name: _____

Signature: _____

GIBBS & REGISTER, INC.

*CONSENTIMIENTO Y RELEVE
DEL EXAMEN DE DROGAS*

De acuerdo a mi aplicación de empleo, yo entiendo que todas las ofertas de trabajo son expresadamente bajo la condición de que se sumita y se pase un examen de drogas para detectar la presencia de drogas ilegales, o el uso de alcohol. Mediante el presente yo consiento a someterme a un análisis urinario, us otros exámenes requeridos pro Gibbs & Register, Inc. para el propósito de examinar la presencia de drogas ilegales, o el uso de alcohol. Estoy de acuerdo a que un laboratorio, o clínica que este aprobado por la Agencia de Administración del Cuidado de la Salud pueda colectar y examinar cualquier espécimen que yo halla proveído para estos exámenes. Además estoy de acuerdo y autorizo a que se releven los resultados de estos exámenes al Oficial de Reviso Medico empleado o retenido por la compañía, al administrador de del programa del Trabajo Ligre de Drogas de la compañía, y a otro personal de gerencia, como una base de obtener información si se requiere. Mi entendimiento es que cualquier información que salga de estos exámenes, será confidencial entre el laboratorio, el administrador del programa Trabajo Libre de Drogas de la compañía, y el official de Reviso Medico, excepto de otro modo que lo provea la ley, o si pongo el examen o sus resultados como problema en cualquier procedimiento administrativo, o legal.

Además, estoy de acuerdo de relevar y mantener a la compañía y sus agentes, empledos y asignados, incluyendo al laborotrio que colecta y conduce estos exámenes, fuera de peligro de cualquier responsabilidad en parte y por complete que pueda surgir de la colección, o examen de los especimenes que yo prove, o del uso de la información que derive de estos exámenes en consideración con mi aplicación de empleo.

He leído cuidadosamente este formulario de Consetimiento y Releve y lo entiendo completamente. También entiendo que la ejecución de este Consentimiento y Releve es una condición para empleo con Gibbs & Register, Inc./ J. Register Co., Inc. y mi rechazo a firmar resultará en el retiro de cualquier oferta de empleo que haya recibido. Estoy firmando este formulario en voluntad propia y no he sido obligado, o forzado por alguna persona.

Solicitante

Fecha: _____

NombreDelSolicitante: _____

SSN: _____