

APPLICATION FOR EMPLOYMENT	TITLE _____ DEPT # _____ DOH ____/____/____ SHIFT _____ HOURS _____ TO _____ CLOCK # _____
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FULL NAME _____ SS # ____/____/____
First Middle Last

CURRENT ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER (_____) _____ WHEN CAN YOU START WORK? ____/____/____

DO YOU HAVE, OR HAVE YOU APPLIED FOR, THE LEGAL RIGHT TO REMAIN PERMANENTLY AND WORK IN THE UNITED STATES? YES NO

POSITION DESIRED? _____

DO YOU HAVE ANY MACHINE SHOP EXPERIENCE? YES NO

WHAT SPECIFIC JOB SKILLS WOULD YOU BRING TO THIS POSITION? _____

ARE YOU CURRENTLY EMPLOYED? YES NO MAY WE CONTACT YOUR EMPLOYER? YES NO

DO YOU HAVE ANY RESTRICTIONS ON YOUR AVAILABILITY TO WORK CERTAIN HOURS? YES NO

CIRCLE THE HIGHEST GRADE YOU HAVE COMPLETED: HIGH SCHOOL-9 10 11 12, COLLEGE-1 2 3 4

HAVE YOU ATTENDED A TRADE SCHOOL? YES NO

HAVE YOU SERVED IN THE ARMED SERVICES? YES NO

ARE YOU A VIETNAM ERA VETERAN? YES NO

PLEASE DESCRIBE YOUR JOB-RELATED ARMED FORCES DUTIES AND/OR TRAINING: _____

HAVE YOU EVER WORK FOR THIS COMPANY BEFORE? YES NO WHEN? _____

WHO WAS YOUR SUPERVISOR? _____ WHY DID YOU LEAVE? _____

REFERENCES :

NAME	ADDRESS	PHONE NUMBER

We are an Equal Opportunity Employer and do not discriminate in any aspect of employment on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, or disability.

EMPLOYMENT RECORD: (Beginning with your present or most recent employer.)

Date Month and Year	Employer Name, Address and <u>PHONE #</u>	Salary	Reason for Leaving
From:			
To:			
Job Title & Principle Duties:			
Name & Title of Supervisor:			

Date Month and Year	Employer Name, Address and <u>PHONE #</u>	Salary	Reason for Leaving
From:			
To:			
Job Title & Principle Duties:			
Name & Title of Supervisor:			

Date Month and Year	Employer Name, Address and <u>PHONE #</u>	Salary	Reason for Leaving
From:			
To:			
Job Title & Principle Duties:			
Name & Title of Supervisor:			

The facts and statements contained in this application are true and complete to the best of my knowledge. I understand that falsified statements or misrepresentations will be considered just cause for rejection of this application or dismissal from employment. I authorize organizations and individuals named herein to provide any and all pertinent information concerning my previous employment, and any pertinent information they may have, personal or otherwise. I release all parties from liability for furnishing this information.

Signature

Date of Application

EMPLOYMENT ACKNOWLEDGMENT AGREEMENT

I hereby acknowledge that I have received MSK's Drug Free Workplace Handbook, which includes the company Drug Free Workplace policy, employee assistance information, a listing of drugs being tested for, common over-the-counter medications which may alter a drug test and educational material on substance abuse.

I freely and voluntarily agree and realize that as part of my employment, I may be subjected to future drug and/or alcohol screens for post-accident, reasonable suspicion, routine fitness-for-duty, follow-up, and/or random testing at MSK's discretion. I understand that refusal to submit to a blood, urinalysis and/or hair screen will result in immediate termination from employment. I understand that a tampered or an adulterated drug and/or alcohol specimen will be considered a refusal to test, resulting in immediate termination. I understand that a confirmed positive drug and/or alcohol test will result in immediate suspension, without pay, for a maximum period of 60 days. I understand that I must seek help from a Substance Abuse Professional (SAP) under the company Employee Assistance Program (EPA). I agree to sign a release with the SAP to correspond with the company concerning my treatment. I understand that I cannot return to work until the SAP provides the company with a letter stating I am able to return to work and I must pass a return to work drug and/or alcohol test. I understand that I will then be subject to random follow-up drug and/or alcohol tests, at the company's discretion, for a period of two (2) years. I understand a confirmed positive, a refusal to test, an adulterated or tampered with specimen on the return to work or any follow-up random tests will result in immediate termination of my employment. I understand that if I do not complete drug and/or alcohol treatment and pass the return to work drug and/or alcohol test within the 60-day period, I will be terminated from employment.

I agree to voluntarily submit to a blood, urinalysis and/or hair screen for drug or alcohol use as part of my ongoing employment, and I release MSK from any liability resulting from my participation in such a screening. I understand that if I am injured during the course and scope of my employment and I test positive for the presence of alcohol and/or drugs, I may forfeit my eligibility for medical and indemnity benefits under Florida's workers' compensation law (Florida Statutes 440.101, 440.102). I also understand that a refusal to test under this circumstance will automatically result in forfeiture of my eligibility for medical and indemnity benefits and immediate termination from employment. I understand that a confirmed positive drug and/or alcohol test, a tampered with or an adulterated specimen or a refusal to test may result in forfeiture of unemployment benefits under Florida law.

I hereby give my consent to release the results of my blood and/or urinalysis to the person(s) or department(s) or the specified agent of MSK, including my employer's Workers' Compensation insurance Company, for the purpose of determining the presence of alcohol and/or other drugs in my body for the duration of my employment. By signing this form, I hereby release to MSK and/or MSK Medical Review Officer the results of the test(s) to which I have consented. I further authorize MSK to discuss the results with medical personnel/physician collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein. I also authorize MSK to discuss the results with its legal advisors and to use the test results as a defense to any legal action to which I am party. I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate Employer officials. I agree to have the results released to the MSK Precision Products and MSK's Medical Review Officer.

I, the undersigned employee, hereby acknowledge that I have read a copy of over-the-counter and prescription medications which may affect the results of a drug or alcohol test. The following is a list of all such medications that I have used in the past thirty- (30) days, which I am providing voluntarily to the Human Resource Department and Medical Review Officer. I understand that MSK shall treat this information as confidential.

Name of Medication: _____	Prescription	Name of Medication: _____	Non-Prescription
_____	Prescription	_____	Non-Prescription

As an **employee**, I understand and agree to abide by MSK's Drug Free Workplace policy, under Florida statute 440.101 and 440.102, and have received a written 60-day notification of this program, if applicable.

_____ Employee Signature	_____ Print Name	_____/_____/_____ Date
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As a **job applicant**, I freely and voluntarily agree to a urinalysis drug screen as part of my application for employment. I understand that a refusal to test, a positive confirmed drug test, a tampered or adulterated specimen will disqualify me from employment. If I am employed by MSK Precision Products, I understand and agree to abide by this MSK's Drug Free Workplace policy, under Florida statute 440.101 and 440.102, as stated above.

_____ Applicant Signature	_____ Print Name	_____/_____/_____ Date
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Suspension



10101 NW 67th Street, Tamarac, Florida 33321

(954) 776-0770 • Fax: (954) 776-3780 • E-mail: msk@mskprecision.com • Website: www.mskprecision.com

PRE-EMPLOYMENT INQUIRY RELEASE

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT OR PROMOTION, I UNDERSTAND AND AGREE THAT A CONSUMER REPORT MAY BE REQUESTED BY YOU OR ON YOUR BEHALF THAT WILL SEEK INFORMATION AS TO MY CHARACTER, WORK HABITS, INCLUDING ORAL ASSESSMENTS OF MY JOB PERFORMANCE, EXPERIENCES AND ABILITIES, ALONG WITH REASONS FOR TERMINATION OF PAST EMPLOYMENT. FURTHER, I UNDERSTAND AND AGREE THAT YOU MAY REQUEST INFORMATION FROM VARIOUS FEDERAL, STATE, AND OTHER AGENCIES, INCLUDING PUBLIC AND PRIVATE SOURCES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING RECORD, CREDIT HISTORY, CRIMINAL RECORD, CIVIL MATTERS, PREVIOUS EMPLOYMENT, EDUCATIONAL BACKGROUND AS WELL AS WORKERS' COMPENSATION INJURIES AND OTHER EXPERIENCES.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

PRINT NAME _____

SS # _____ DATE OF BIRTH _____

DL # _____ STATE _____

CURRENT ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

LIST PREVIOUS ADDRESSES FOR THE PAST 5 YEARS:

ADDRESS	CITY	STATE	ZIP

Applicant Signature: _____ Date: _____