

Syn-Tech Systems, Inc. APPLICATION FOR EMPLOYMENT

100 Four Points Way • Tallahassee, FL 32305 • (850) 878-2558 • FAX (850) 877-9327 • syntech-fuelmaster.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For					Date of Application	
Last Name		First Name		Middle Name		
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)				Social Security Number (voluntary)		

Date available for work ____ / ____ / _____. What is your desired salary range? _____

Best time to contact you at home is: _____ : _____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? If Yes, give date _____ YES NO

Have you ever been employed with us before? If Yes, give date _____ YES NO

Do any of your friends or relatives work here?
If Yes, state name and relationship. _____ YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship or immigration status will be required upon employment.*) YES NO

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Education				
School	Name and Address of School	Course of Study	No. of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other				

WORK EXPERIENCE. Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone #			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone #			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	May we contact <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone #			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	May we contact <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone #			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	May we contact <input type="checkbox"/> YES <input type="checkbox"/> NO		

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Additional Information. State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES _____ NO _____

Personal/Professional References. Do not include family members or past supervisors.

Name:	Phone Number	Best Time to Call	Occupation

Are you a veteran of the U.S. Military Service? YES NO If YES, what branch of service: _____

If YES, beginning date and ending date of active duty: From: _____ To: _____

Date of Discharge from Military Service: _____

IN CASE OF EMERGENCY, NOTIFY:

Name	Phone Number	Relationship
Address	City/State	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

SUBSTANCE ABUSE POLICY

Syn-Tech Systems, Inc. (STS) strives to provide a safe work environment and encourages personal health. In regard to this, STS considers the use of illegal drugs or alcohol on the job to be an unsafe and counter-productive work practice. We feel use of illegal drugs and/or alcohol prevents individuals from properly performing their duties.

It is, therefore, company policy that an employee found with the presence of alcohol or illegal drugs in his/her system; in possession of, using, selling, trading, or offering for sale illegal drugs or alcohol during working hours may be subject to disciplinary action up to and including discharge.

POST AND PRE-EMPLOYMENT DRUG TESTING POLICY

All job applicants at this company will undergo screening for the presence of illegal drugs or alcohol as a condition for employment.

Applicants will be required to submit to a urinalysis test at a laboratory chosen by the company and by signing a consent agreement will release the company from liability. Any applicant with positive test results will be denied employment at that time.

By my signature below, I am verifying that I understand I must take the drug test, and I herein consent to such test, as this company deems appropriate. I further consent to allow the results of such testing to be released to STS or its authorized agents or representatives who have a need to know. If I am an applicant, and if I take, but fail, the drug test, I will be ineligible for employment with Syn-Tech. If I am an employee, I understand that failure to pass the drug test will be grounds for disciplinary action up to and including termination.

Signature

Date

STATEMENT OF POLICY: SMOKING IN THE WORKPLACE

STS is a smoke-free workplace. STS feels smokers may have a negative impact on the company due to decreased productivity and increased health-care costs. We have, therefore, chosen to prohibit workplace smoking to protect workers' health, to reduce health-care costs, and to protect the company from possible future liability. STS' policy is that there is no smoking allowed within the building, on the property, or premises. There will be no smoking breaks allowed at any time.

I do hereby certify, by my signature below, I understand STS is a drug-free, smoke-free workplace. I also understand that failure to comply with a drug testing request or a positive test result will prevent my being hired as a STS employee. I further understand that as a STS employee, my failure to comply with the "smoke-free, drug-free workplace" policy will be grounds for disciplinary action, including possible termination.

Signature

Date