



All Florida Staffing, Inc
 1425 Chaffee Dr Ste 3
 Titusville, Fl 32796
 321-269-6700
 Toll Free 866-206-9546
 Fax 321-269-5599
WWW.ALLFLORIDASTAFFING.COM

Employment Application

Name: _____ Social Security # _____

Street: _____ Apt # _____ Lot # _____ City: _____

St: _____ Zip: _____ Email Address: _____

Home Phone: _____ Cell: _____ Message Phone: _____

Emergency # _____ Emergency Contact Name & Relationship: _____

Position Applying for: _____ Pay Scale \$ _____

Do You Have Transportation? Yes No Max Miles will drive _____

Will you Travel out of area? Yes No Work Availability: 1st Shift 2nd Shift 3rd Shift

Previous Employment:

Please list the last three companies you have worked:

Company Name	Contact Name	Contact Number	Dates of Employment
Company Name	Contact Name	Contact Number	Dates of Employment
Company Name	Contact Name	Contact Number	Dates of Employment

I am aware that any omissions, falsifications, misstatements, or misrepresentations may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of All Florida Staffing, Inc. for employment purposes. This consent shall continue to be effective during my entire employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature _____ Date _____



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Please document the number of years and months as applicable:

Years/Months of experience in the Electrical Field

_____ **Commercial Experience** Please list project names, length of time, and company name.
 Years Months

_____ **Industrial Experience** Please list project names, length of time, and company name.
 Years Months

Tell us your area(s) of expertise:

List any other trades experience you may have and the number of years experience

Do You Have Tools? Yes No



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Education: List all schools attended

_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____
School 1	Yrs Complete			
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other _____
School2	Yrs Complete			

List Certificates, Degrees & Licenses held and the state held in: Attach for our records

Do you agree to a drug test prior to employment? Yes No

Do you agree to a background check prior to employment? Yes No

Are you authorized to work in the U.S.? Yes No

Are you a Veteran? Yes No What Division? _____

Signature _____ Date _____

How did you hear about All Florida Staffing? Newspaper Job Services Indeed Craigslist

Friend/Current / Former Employee Name _____

Please attached two forms of identification (picture Id & SS are most commonly used)



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Name: _____ Social Security Number: _____

Are you over 18 years of age? Yes No

THIS APPLICATION IS NOT AN OFFER OF EMPLOYMENT.

You will be considered for employment without regard to race, color, religion, sex, national origin or age. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

ONE OR MORE OF THE FOLLOWING CONDITIONS MET BY AN EMPLOYEE CONSTITUTES A VOLUNTARY RESIGNATION CONNECTED WITH WORK AND UNEMPLOYMENT BENEFITS MAY BE DENIED.

1. Failure to call AFS at each assignments end with notification of your availability.
2. Failure to call in at least three (3) times weekly when not on assignment. Phone number to call for this requirement is 321-269-6700.
3. Failure to notify AFS with a change in address or phone number.
4. Refusal or failure to accept a suitable work assignment based upon pay, qualifications or location.
5. The company's receipt of an unemployment claim from you without prior notification of your ability is notice of a voluntary resignation.
6. Not reporting to work 3 days consecutively without notification to our office is considered voluntary resignation.

I have read and agree to the fore mentioned statements.

Signature _____ Date _____

New Hire Packet- NEW EMPLOYEE ORIENTATION

Applicant Name _____

Our goal at All Florida Staffing, Inc is to provide the safest working environment possible for our employees. The health and safety of each employee is a responsibility that All Florida Staffing, Inc does not take lightly. We strive to take every measure to assure that our field staff are provided with safe and healthful work environments are advised of appropriate PPE and educated on safety topics that will have an impact in their day to day assignments. We firmly believe that preventing accidents is a shared responsibility between All Florida Staffing, Inc, its clients and our employees. Employees are expected to follow all safety protocols to ensure the safety of yourself and those around you. Listed are examples of some safety protocols. Violation to safety procedures will result in disciplinary action up to and including termination.

- Do not work on unsafe ladders or scaffolding. Do not attempt to operate any unsafe machine, power tool or equipment, or work in heights in excess of 6ft. without first checking the ladder or lift to be sure it is in safe operating order, or more than 4 ft. below the ground unless the proper shoring equipment has been supplied.
- Always wear safety equipment during your assignment. Hard hats, safety glasses, ear plugs, gloves and safety belts are all examples of equipment that may be required to ensure your safety. If you do not have the proper equipment, contact your immediate supervisor or All Florida Staffing Inc's office for it.
- Comply with all safety procedures, rules, signs and safe work practices. Compliance is necessary for the well being or yourself and those who work around you. If you find an unsafe situation, STOP! And bring it to a supervisor's attention. If it is not fixed, contact All Florida Staffing's office toll free 866-206-9546.
- Do not take risks that endanger anyone's safety or health! If you are uncertain as to the proper procedure: ASK! Attend all safety meetings and training when applicable.
- Report all fires or emergencies immediately.
- Put everything you use in its proper place and keep all work areas clean and orderly. Good housekeeping is essential for safety and quality of work.
- When working with equipment or machinery, never remove or defeat safety guards, devices or controls. Know the location and correct operation of all safety/stop controls on equipment you use.
- Know evacuation procedures and where the emergency exits are located. Know the location of any emergency equipment, such as fire extinguishers and first aid kits. Do not give first aid unless you are certified to do so.
- Watch out for the safety of those around you. Point out unsafe acts to supervisors.
- Any alcohol or drug consumption while either on the job or before work is considered a violation of company policy and safety hazard and is justification for dismissal. I understand All Florida Staffing, Inc does random drug testing.
- When working around machinery do not wear dangling clothing, loose hair or jewelry.
- Only trained and authorized personnel may perform electrical work, equipment repairs or adjustments, welding, cutting or confined space entry.
- All employees are prohibited from bringing firearms, weapons, or other dangerous or hazardous devices or substances onto any job sites without prior and proper authorization.
- Employees under the age of 18 are prohibited from working in manufacturing plants or on construction sites.
- Lockout/Tag out any live circuit is to be turned off prior to being worked on. Lockout/Tag out procedures are as follows:
 - Notify all affected employees of the impending lockout situation, the reason for it, and estimated start and duration times.
 - Place the breaker or switch in the "Off" or "Safe" position.
 - Lockout and tag out all in-line points of control. In most cases, this may be more than one place or more than one lock if several people are working on the equipment.
 - Lockout verification:
 - Verify that the locked-out switch or control cannot be overridden.
 - Test the equipment to be certain that the locked-out switch is de-energized and simply malfunctioning.
 - Press all start buttons to see if the equipment starts.
 - Ensure the system you will be working on is the same one that has been locked out.
- All locks and tags are to be left in place until work is completely finished. A lock is never to be removed except by the person who placed it there. Only immediate supervisors are to authorize emergency removal of a lock or tag.

Continued

- Before restarting the equipment, verify the following:
 - All tools and other items have been removed.
 - All machine guards are in place.
 - All electric systems are reconnected.
 - All employees are clear of equipment.

Each employee is expected to follow all safety rules and exercise caution and common sense in all work activities. Employees must immediately report any unsafe conditions to their immediate supervisor or All Florida Staffing's office. Employees who violate safety standards, cause hazardous or dangerous situations, or fail to report, or where appropriate, remedy such situations, may be subject to disciplinary action including termination of employment.

By signing below, I confirm All Florida Staffing, Inc's safety program has been given to me. I am aware safety meetings will be conducted by All Florida Staffing, Inc. or its clients and it is mandatory for me to be at each one on time.

I also understand further action, described as follows, will be issued if I miss any of the safety meetings:

- 1st missed meeting: Verbal Warning
- 2nd missed meeting: Written Warning
- 3rd missed meeting: Suspended without pay, until I complete the AFS training session in my own time.
- 4th OSHA 10 hour certification training course at my own expense.

I further agree by my signature, to abide by ALL safety requirements, and will help keep a safe working environment as required.

Signature _____ Date _____

Printed Name: _____

Witness Signature _____ Date _____

POLICIES AND PROCEDURES

All Florida Staffing, Inc's. Employee Manual it is available for review at the Corporate Office. These are highlights of some of our policies.

Employee Information

Employees are responsible for making sure their information with All Florida Staffing, Inc is up to date. Each Tuesday is the last day for address updates and direct deposit forms to be submitted. Anything submitted after this day is subject to being affective the following week. All Florida Staffing, Inc will not be responsible for following up with employee's information to ensure accuracy.

*I read and understand the above paragraph initial _____

ASSIGNMENTS

When you are given a job assignment, you will be told what the job duties are, what PPE is needed, pay, whom to report to, the client name and location of job site. Upon acceptance of the job assignment, you are expected to report on time, ready to work. If you do not like an assignment, you should finish the day, and request reassignment. If you walk off a job before your shift has ended, we will assume you have voluntarily resigned. If you get on a job site and the client asks you to do work other than what was assigned to you, contact our office. If a client tells you to leave their job site due to misconduct, we may not be able to send you to any job that client has. Each client is a case by case situation.

*I read and understand the above paragraph initial _____

ANTI-HARRASSMENT POLICY

AFS is committed to a dignified workplace where all employees are treated fairly. Harassment, intimidation and discrimination, whether based on gender, race, religious or ethnic background, physical capability or social upbringing, are unacceptable to us. Employees found in violation of this policy and expectation will be terminated immediately. You are to report any suspected incident of harassment, intimidation or discrimination of any type from a co-worker, client, vendor, manager or other individual in the workplace to an All Florida Staffing, Inc Manager.

*I read and understand the above paragraph initial _____

WORKERS COMPENSATION

All Florida Staffing, Inc. has workers compensation insurance for injuries occurring on the job. If you have a work related injury, it is mandatory that you follow the steps below.

- You must report all injuries, no matter how slight to All Florida Staffing, Inc **when the injury occurs**
- Notify a client supervisor **and** the All Florida Staffing, Inc. office immediately. AFS will set up an appointment with a treatment facility according to the severity of the injury.
- A drug test is required prior to treatment
- If an injury requires immediate treatment, go directly to the designated medical care provider and contact All Florida Staffing, Inc's office.
- All Florida Staffing, Inc's or its insurance company will pay for your medical care as needed for a work related injury. If you fail to report the injury, you could lose your right to payment of your medical treatment.

*I read and understand the above paragraph initial _____

TIME CARDS

Time Sheets are sent to the clients by All Florida Staffing, Inc. It is the employee's responsibility to make sure they are accurate by initialing each time sheet, and by signing in and out every day. Please review the forms **PRIOR** to initialing them. If corrections are needed after the time sheets are submitted, they will be made the following week.

*I read and understand the above paragraph initial _____

HOURLY RATES

We will always do our best to place our employees on a job that will pay the hourly rates requested. However, this is sometimes not possible. We will contact each employee and give them the option of taking a job at a lesser pay or wait for another job. Discussion of pay between employees is prohibited and will be subject to disciplinary action up to and including termination.

*I read and understand the above paragraph initial _____

ATTENDANCE

All Florida Staffing, Inc and our client expect you to be at work and on time. If for any reason you are unable to be at work, or will not be on time, **you are required to notify the AFS office** prior to your scheduled arrival time. Failure to notify the AFS office will be considered a voluntary resignation and may result in future assignments not being offered.

*I read and understand the above paragraph initial _____

Pay Deductions

Any employee who is told to leave a job early, due to misconduct, poor job performance, or simply walks off a job, will be paid minimum wage for the hours worked and signed for by the job supervisor.

*I read and understand the above paragraph initial _____

Any unexcused or uninformed absentees or tardiness may result in a reduction of pay, or job loss, to be determined at the sole discretion of All Florida Staffing, Inc.

*I read and understand the above paragraph initial _____

Employees are required to contact the office in the event of any payroll discrepancy.

*I read and understand the above paragraph initial _____

Employees who receive direct deposit are responsible for ensuring submitted bank account information is accurate. In the event incorrect information is given to All Florida Staffing, Inc. we will do our best to retrieve money distributed. However, if the bank and account holder who received the deposit refuses to reimburse All Florida Staffing, Inc. It will be the employee's responsibility to remedy the error from that point.

*I read and understand the above paragraph initial _____

Employees are responsible for lost, damage (beyond reasonable wear & tear), or breakage to any tools or piece of equipment borrowed from or loaned by either the client or All Florida Staffing, Inc. Deduction will be for the amount of the tool or equipment. Any fine or violations will be the responsibility of the employees to pay and will be deducted from paychecks.

*I read and understand the above paragraph initial _____

I have received, read and understand All Florida Staffing, Inc's new hire package, and their policies and procedures. I understand by signing below, should I have any questions I am able to contact the office at any time. I also understand the policies and procedure's as stated above, and they are subject to change. All Florida Staffing, Inc will do their best to inform employees of any policy changes by sending emails or by putting letters in checks.

Signature _____ Date _____



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Medical Authorization

I, _____, hereby agree if I am injured while employed by All Florida Staffing, Inc., and if for any reason, require medical services, I will submit to an alcohol breath and/or blood test, and an urinalysis sample to determine if a controlled substance is present, prior to any medical treatment for the injury being treated.

*I read and understand the above paragraph initial _____

If I refuse to submit to the test, or fail the test, I will hold All Florida Staffing, Inc. harmless with any responsibility for my injury. Regardless of how minor the injury I will report it to my foreman **and** All Florida Staffing, Inc. office. I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind relating to my past or present injury/illness to AFS. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization.

*I read and understand the above paragraph initial _____

All Florida Staffing, Inc.'s drug policy is as follows: If the employee tests positive for drugs during a random or post accident drug test, you will be subject to immediate termination. Future employment with All Florida Staffing, Inc. will be contingent upon the employee attending the Employment Assistance Program (EAP) at the employee's expense, and bring verification that the program has been completed.

*I read and understand the above paragraph initial _____

Do you agree to a drug test prior to employment? Yes No

Do you have any existing or preexisting injuries or disabilities that may prevent you from doing any type of work? Yes No

If yes, please describe:

Signature _____ Date _____



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All Florida Staffing, Inc. is an equal opportunity employer. This employment application is for the position of _____ . The job will entail all duties required of a commercial electrician or helper. Please answer the following questions honestly and detail any health problem or disability which would not allow you to perform the job assigned:

Please answer yes or no to the following questionnaire and use the comment section to detail “yes” answers:

1. Is squatting or kneeling a problem? Yes No

2. Do you have any problems with heights? Yes No

3. Are you able to lift 50 lbs repetitiously? Yes No

4. Are you able to work with both arms and hands equally? Yes No

5. Are you able to stand on your feet for hours at a time? Yes No

6. Are you able to distinguish colors? Yes No

7. Are you able to climb ladders or stairs? Yes No

8. Do you have any hearing impairments? Yes No

Under penalty of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

Signature _____ Date _____

Payroll Debit Card or Direct Deposit Authorization Form

Employee Instructions for Direct Deposit:

1. Complete the direct deposit section to specify where you want your pay deposited.
2. **Include a voided check along with the return of this form. Direct Deposit will not be active until the proper documentation is received.**

If you opt out of direct deposit you are acknowledging a paper check will not be distributed and a debit card will be arriving to you by mail.

Employee Instructions for Payroll Debit Card:

1. Simply check the box below for a Payroll Debit Card.
2. Sign the bottom form and return to our office by fax or email. A Payroll Debit Card will be mailed to your home.

Make sure you have a correct address to receive the debit card.

Employee Required Information

Please Print Clearly:

Employee Name _____ Suffix (Sr./Jr) _____

DOB _____ Social Security Number _____

Choose a Payroll Option

Enroll for a Payroll Debit Card

Begin Direct Deposit

Change Bank Information

Direct Deposit

My name is on the account and I have included one of the following, direct deposit will not be activated without a copy of one: Voided Check OR Statement from the bank OR Copy of my direct deposit form for a deposit card, MUST clarify bank and routing number for the deposit card being used (this is NOT a debit card)

I would like my wages/salary deposited to the bank account(s) attached.

Checking

Savings

Bank Name _____

Bank Name _____

Account # _____

Account # _____

Routing # _____

Routing # _____

I hereby authorize All Florida Staffing, Inc., to deposit any amounts owed to me by initialing credit to my account(s) at the financial institution(s) (hereinafter Bank) indicated above. Further, I authorize Bank to accept and to credit any entries indicated by All Florida Staffing, Inc., to my account. This authorization is to remain in full force until All Florida Staffing, Inc. has received written notice from me of its termination in such time and in such manner as to afford All Florida Staffing, Inc., a reasonable opportunity to act on it.

Employee Signature _____ Date _____