



CLARY & ASSOCIATES, INC.
Fax to: 904-260-3799

CLARY & ASSOCIATES MAINTAINS A DRUG FREE ENVIRONMENT
DRUG TESTING IS MANDATORY PRIOR TO EMPLOYMENT

Date: _____ Position Applied For: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Social Security No.: _____

Drivers License No.: _____ Expiration Date: _____

Have you ever been convicted of a crime other than a vehicle misdemeanor? _____

Are you a U.S. Citizen? Yes No

EMPLOYMENT HISTORY

Name of Employer: _____

Supervisor (s): _____

Address: _____ Phone No.: _____

Position(s) Held: _____

Date of Employment: _____ Date of Termination: _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving employment: _____

Name of Employer: _____

Supervisor (s): _____



Address: _____ Phone No.: _____

Position (s) Held: _____

Date of Employment: _____ Date of Termination: _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving employment: _____

Name of Employer: _____

Supervisor (s): _____

Address: _____ Phone No.: _____

Position (s) Held: _____

Date of Employment: _____ Date of Termination: _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving employment: _____

Name of Employer: _____

Supervisor (s): _____

Address: _____ Phone No.: _____

Position (s) Held: _____

Date of Employment: _____ Date of Termination: _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving employment: _____

Are there any employers that you do not desire us to contact? Which one: _____



EDUCATION

High School:

Name: _____ Address: _____

Last Year Completed: _____ Diploma: _____

College:

Name: _____ Address: _____

Years Completed: _____ Diploma: _____

OTHER TRAINING:



PRE - EMPLOYMENT DRUG TESTING POLICY

All employment applicants at Clary & Associates will undergo screening for the presence of illegal drugs or alcohol as a condition of employment.

Applicants are required to voluntarily submit to a body fluid test at a laboratory chosen by the company, and by signing consent agreement will release the company from liability.

Any applicant with positive test results will be denied employment upon determination of substance abuse, but may initiate another application with the company after six months.

The company will not discriminate against applicants for employment because of past use of either drugs or alcohol. It is the current use of drugs or abuse of alcohol which prevents employees from properly performing their jobs that the company will not tolerate.

PRE-EMPLOYMENT CERTIFICATE OF AGREEMENT

I do hereby certify that I have received, read, understand and agree to comply with the Clary & Associates Substance Abuse Policy. I understand that if my conduct or performance indicates it is necessary or on a random basis, I will submit to a drug test. I also understand that failure to comply with a drug testing request or a positive result will lead to termination of employment.

Name (Please Print)

Signature

Date



I have made true, correct and complete answers and statements on this Application in the knowledge that they will be relied upon in considering my Application for Employment, and I understand that any omissions, false answers or statement made by me on this Application, or any supplement to it, will be sufficient grounds for my discharge.

Signature Date

Stop, do not proceed with this part of the application until you have been interviewed.
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Date of Birth: _____

Martial Status: _____

Person to notify in case of emergency:

Relationship: _____ Phone No. _____