



# Employment Application

An Equal Opportunity Employer  
Drug-Free Workplace

**Dear Applicant,**

Thank you for your interest in employment with P3 Solutions LLC.

To be considered for employment with P3 **YOU MUST COMPLETE THIS ENTIRE EMPLOYMENT APPLICATION.** Do not leave any questions unanswered or any blanks without any information. We do not accept résumés instead of this Employment Application or to answer any questions in this Employment Application. If you need extra space, please attach additional pages.

P3 considers all applicants for all positions without regard to sex, race, color, national origin, age, disability, marital status, or any other legally protected category. P3 also provides reasonable accommodations for applicants and employees with disabilities and bona fide religious beliefs. If you need any assistance in completing this application, please let us know.

P3 complies with all federal and state immigration laws requiring it to employ only United States citizens or foreign nationals who have a legal right to work in the United States. As a condition of employment, all employees must submit documentation showing they are legally authorized to work in the United States.

This Employment Application is not a contract. If you are accepted for employment, you will be employed at-will, which means either you or the Company may end your employment at any time.

This Employment Application is only valid for 30 days. If you wish to be considered for employment after 30 days, you must submit a new Employment Application.

Last Name		First Name		Middle	Application Date
Position Desired			Desired Hourly Wage or Salary?		*** Expires after 30 days***
			\$ _____		
Type of employment			Shift Desired		When Can You Start?
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			<input type="checkbox"/> Day <input type="checkbox"/> Night		
How did you learn about P3 Solutions LLC? (Check one)					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend / Family Member	
<input type="checkbox"/> Walk-in		<input type="checkbox"/> Job Fair		<input type="checkbox"/> Other: _____	

*FOR OFFICE USE ONLY*

Date of Hire: _____	W/C Code: _____	Dept#: _____	Emp #: _____
Supervisor: _____	Position: _____	Rate: _____	

# Employment Application

## PERSONAL INFORMATION

Please answer all questions. Attaching a Resume is NOT ACCEPTED as a means to answer questions.

Home Address (no P.O. Boxes permitted)	City	State	Zip
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List every city and state in which you have lived within the last 7 years. Attach additional pages if necessary.

Home Telephone	Alternate Telephone	E-mail
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## DRIVING RECORD

Driver License Number	State	Name as it appears on License
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Have you been issued any traffic violation citations or tickets in the last 10 years?  Yes  No

If yes, please provide the date, nature, and police agency that issued the citation. Attach additional pages if necessary.

Has your license ever been suspended or revoked?  Yes  No

## CRIMINAL RECORD

Complete this section thoroughly. Please note that a criminal record does not necessarily disqualify you from consideration of employment.

Have you ever been <b>arrested</b> or convicted of a crime (federal, state, local or military)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever plead guilty or no contest to a felony or misdemeanor? (Include all such pleas, including probation before judgment, suspended imposition of sentence and deferred disposition even if adjudication was withheld.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "Yes" to either question, please provide the dates, place, crimes, and penalty sentence imposed.

Have you ever been a defendant in a civil action for an intentional tort, such as assault or battery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "Yes," please provide the dates, parties in the suit, the court in which it was filed, a summary of the claims against you, and the disposition of the action.

# Employment Application

EMPLOYMENT INFORMATION	
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If employed, you will be required to submit documents showing your authority to work in the United States.</i>	Are you under the age of 18? <input type="checkbox"/> Yes <div style="text-align: right;"><input type="checkbox"/> No</div> <i>Positions for persons under the age of 18 are limited by law. If under the age of 18, you will be required to submit a work if accepted for employment.</i>
Will you work overtime (which is over 40 hours per week), if necessary for your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you work <input type="checkbox"/> days, <input type="checkbox"/> nights, or <input type="checkbox"/> weekends, if required? (Please check all that apply)	
Will you travel if necessary for your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you reviewed the job description for the position for which you are applying?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any reason you cannot perform the essential functions of the specific position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. Attach additional pages if necessary.
Employment with P3 requires fluent speaking and writing in English. Can you meet this requirement?	
Please explain why you are interested in the position for which you are applying.	
Have you ever had any job-related training in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously worked for P3?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and under what name?
Have you previously applied with P3?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and under what name?
Do you have friends or relatives employed by P3?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list their names.
Have you signed any employment or other agreement that would restrict you from working for P3?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe the agreement and bring this to the Company's immediate attention.

# Employment Application

## EMPLOYMENT EXPERIENCE

For the last 10 years, please identify all employers and provide detailed information for all periods of unemployment. This section must be completed in full. Attach additional pages if necessary.

Company Name		Start Date	End Date	Supervisor's Name
City	State	Zip Code		Telephone Number
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary
Duties Performed				
Reason for leaving (state whether you left voluntarily or not):				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name		Start Date	End Date	Supervisor's Name
City	State	Zip Code		Telephone Number
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary
Duties Performed				
Reason for leaving (state whether you left voluntarily or not):				

Company Name		Start Date	End Date	Supervisor's Name
City	State	Zip Code		Telephone Number
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary
Duties Performed				
Reason for leaving (state whether you left voluntarily or not):				

# Employment Application

CONTINUED EMPLOYMENT EXPERIENCE					
Company Name		Start Date	End Date	Supervisor's Name	
City	State	Zip Code		Telephone Number	
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary	
Duties Performed					
Reason for leaving (state whether you left voluntarily or not):					
CONTINUED EMPLOYMENT EXPERIENCE					
Company Name		Start Date	End Date	Supervisor's Name	
City	State	Zip Code		Telephone Number	
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary	
Duties Performed					
Reason for leaving (state whether you left voluntarily or not):					
CONTINUED EMPLOYMENT EXPERIENCE					
Company Name		Start Date	End Date	Supervisor's Name	
City	State	Zip Code		Telephone Number	
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary	
Duties Performed					
Reason for leaving (state whether you left voluntarily or not):					

# Employment Application

## EDUCATION

Resumes are not accepted as a response to this section. Attach additional pages if necessary.

School Name	City & State	Major/ Area of Study	Did You Graduate?	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
Vocational/Technical or Apprenticeships			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	

## OTHER EDUCATION OR TRAINING

Please list any educational seminars, courses, or other training you have received that qualifies you for the position for which you are applying. Attach additional pages if necessary.

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## SPECIAL SKILLS

Please list any special skills or experiences that qualify you for the position for which you are applying. Attach additional pages if necessary.

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## REFERENCES

Do not include friends or relatives, unless they presently work for the Company.

Name	Telephone Number	Relationship	How Long Known

## EMERGENCY CONTACT

In case of an emergency, please provide us with a contact person. This section must be completed in full. Attach additional pages if necessary.

Name	Address	Telephone Number	Relationship

# Employment Application

## APPLICANT'S CERTIFICATION, AUTHORIZATION, AND RELEASE

*Please read this section carefully,  
initial all blanks to the left side of each statement, and sign and date below.*

\_\_\_\_\_ I certify that the information I provided in this Employment Application is correct and complete. I understand that any false or incomplete information may disqualify me for employment, and it may also be grounds for termination of my employment if discovered after start working for the Company.

\_\_\_\_\_ I understand that if the Company offers me a job, it will be for no guaranteed period of time and either myself or the Company can terminate the employment relationship with or without notice or cause at any time. I understand that no person other than the President of the Company can enter into employment agreements with any person and that neither this Employment Application nor any of the Company's employment policies, whether contained in an employee handbook or not, constitute an employment contract or modification of my at-will employment relationship with the Company. I further understand that no oral or written representations by any Company representative shall be deemed to constitute the terms of an implied employment contract.

\_\_\_\_\_ I understand that any offer of employment will be contingent upon me completing any required post-offer medical questionnaires and passing any required physical examinations.

\_\_\_\_\_ I understand that the Company is a Drug-free Workplace and that any offer of employment with the Company will be contingent upon me passing a pre-employment drug test for controlled substances, which may involve submitting a urine sample. I hereby freely and voluntarily consent to this request and agree to participate in the Company's drug testing program.

\_\_\_\_\_ I understand that the Company is an equal opportunity employer and that its policy is to make employment decisions without regard to sex, race, color, national origin, age, disability, marital status, or any other legally protected category. I agree that if at any time during the application or hiring process I believe I have been discriminated against on the basis of any legally protected category, I will raise that concern with the Company's Human Resources Department immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **I understand that P3 Solutions LLC will verify statements made on my application and made during my employment interview.**

I authorize the Company or its designated representatives to investigate the information I have provided in this Employment Application by contacting previous employers, schools, references, and others for verification. I hereby release, hold harmless, and indemnify the Company from any claims or liability resulting from its investigation of any information in this Employment Application. In addition, I release, hold harmless, and indemnify my previous employers, schools, references, and others from all claims or liability resulting from the Company's investigation.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Employment Application

## New Hire Questionnaire

Last Name	First Name	Middle	Application Date
			Last four of SS Number: XXX-XX-

Please place a check mark in the box preceding the answer of your chose or circle the answer when appropriate. You may also mark out (that is to omit) wording in a sentence, so that the sentence reads as you wish. Write your answers on the lines proved when required, and feel free to continue any answers or supporting information on the back as needed.

1. I am applying for a position with P3 as an

- Journeyman Licensed Electrician
- Electrician
- Apprentice
- Helper or Laborer
- Low Voltage Technician
- Other \_\_\_\_\_

2. I {do} or {do not} have a valid Florida Driver License. {need copy}

3. I {do} or {do not} have a valid social security card. {need copy}

4. I {do} or {do not} have valid personal automobile insurance card. {need copy}

5. I {do} or {do not} have dependable transportation. If I do not, I expect to get to work by...

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6. I understand that today I might be working on a job site minutes from my home. But that tomorrow I might have to report to a job site further away. \_\_\_\_\_

Initial

7. I {am} or {am not} or {do not know if I am} \***Bondable**.

**\*Bondable – an insurance contract in which an agency guarantees payment to an employer in the event of unforeseen financial loss through the actions of an employee.**

8. I recognize and accept as a term of hire, a 90-day new hire probationary period. I understand that, in accordance with Florida Statue 443.131 (3)(a)(2), if hired, that if I am terminated for



# Employment Application

unsatisfactory performance within the 90-day probation period, P3 will contest any unemployment benefits I might attempt to obtain as a result of my termination.

\_\_\_\_\_ Initial

I further understand that if my job performance is unacceptable, I may be terminated at any time during the probation period. At the end of the 90-day probation period, my supervisors will evaluate me, and their acceptance or rejection shall be final with regard to further employment with P3.

\_\_\_\_\_ Initial

9. I {do} {do not} understand that all problems or situations relating to work, are to be communicated first to my on-site job supervisor prior to calling or contacting any other person, this includes but not limited to reporting doctor appointments, being late to work, missing work, using prescribed or any other type of drugs, or any condition or treatment being experienced on the job site or that might affect my safety or the safety of others.

\_\_\_\_\_ Initial

Furthermore, I understand and agree that should my supervisor not be able to assist me with the situation that it is the responsibility of the supervisor to make arrangements for me to meet with the Project Manager responsible for the project for which I am assigned. I also understand and agree that if the issue is with my supervisor, I should try and resolve the issue with that person prior to contacting the next level of management.

\_\_\_\_\_ Initial

I understand that P3 requires employees to use the "Chain of Command" to resolve questions, issues, or problems relating to work.

\_\_\_\_\_ Initial

- 10.I {do} {do not} understand that my eligibility for any employee insurance benefits is the 1<sup>st</sup> of the month following the initial 90-day probation period. My supervisor will contact me prior to the 1<sup>st</sup> day of the month following the completion of my probation period to schedule time with the company HR Dept. to enroll or decline any insurance options.

\_\_\_\_\_ Initial

I understand that a portion or all of the cost of any insurance coverage selected by me is paid via a weekly payroll deduction. Furthermore, I understand that should I be off work for any reason where the gross wages earned for any week is less than the monies due for that week, that I am responsible to pay or have paid the monies due.

\_\_\_\_\_ Initial

I understand that once any payroll or direct payments due for my insurance coverage is delinquent for more than 30 days that my insurance coverage will automatically terminate.

\_\_\_\_\_ Initial

- 11.I {do} {do not} understand and agree that all company policies, procedures, and instructions maybe modified, amended, or deleted by P3 with or without notice to me of such amendment, modification or deletion; that the policies, and procedures are not intended to be a contract of employment, nor do they give me a right of continued employment; and that my employment may be terminated if policies are not adhered to.

\_\_\_\_\_ Initial

I also understand that I am an employee of will and may be terminated at any time for any reason not prohibited by law.

\_\_\_\_\_ Initial

# Employment Application

12. I {do} {do not} understand and agree as a condition of my employment that I comply with all the personnel policies & procedures, work rules, and safety policies of P3. \_\_\_\_\_  
Initial

I understand the importance of safety and agree to wear work shoes or work boots (must be OSHA approved for type of work being performed) (no sneakers or such) work clothes, hardhat, eye protection, and any other protective equipment required. (Note that the company will provide hardhats, eye protection, and other special protection devices.) \_\_\_\_\_  
Initial

Furthermore, I understand that if I am injured because I refused to use a safety appliance or device, such as a seatbelt or safety harness, or observe a safety rule, or if I am injured because I knowingly refused to use a safety appliance or device provided by the company, such as a hart hat or safety glasses, etc., causing my on the job injury, the worker's compensation benefits may be reduced (Florida Statute 440.09{4}). \_\_\_\_\_  
Initial

I understand the existence of and have read P3's Drug-Free Workplace Policy. I understand that the policy complies with these statutory sections and administrative rules Drug-Free \Workplace Program rules set forth in Florida Statutes s 440.102 et seq. and Florida Administrative Code Rules 38f-9.001 et seq. \_\_\_\_\_  
Initial

I understand that I am required to undertake blood and/or urinalysis for drugs or alcohol use as part of the pre-employment process. In addition, I understand that all employees during their course of employment are subject to Breathalyzer testing, plus, blood and/or urinalysis screening for drug/alcohol use. \_\_\_\_\_  
Initial

I {did} {did not} signed the consent form for Drug/Alcohol testing.

I understand that if I test positive for illegal drugs or alcohol while carrying out my duties as a worker of P3 that I may be immediately terminated. \_\_\_\_\_  
Initial

I {have} {have not} been treated for drug or alcohol abuse. If so explain:

\_\_\_\_\_  
\_\_\_\_\_

I {do} {do not} smoke pot, consume any hallucinogenic drugs, or use any illegal drugs (other than listed prescriptions).

This is how I would describe my consumption of alcohol: {never} {seldom} {on occasion} {socially} {often} {other}. If other, explain:

\_\_\_\_\_  
\_\_\_\_\_

I understand it is company policy that an employee found with the presence of any illegal drug(s) in his/her system, in possession of, using, selling, trading, or offering for sale illegal drugs during working or non-working hours, may be subject to disciplinary action up to and including discharge.

\_\_\_\_\_  
Initial

# Employment Application

Any employee found under the influence of alcoholic beverages at any time during the hours Between the beginning and ending of the employee's workday shall be guilty of misconduct and is subject to disciplinary action including suspension without pay from employment or discharge, even for the first offense. The presence of alcohol influencing an employee maybe determined if: (1) The employee's normal facilities- are impaired due to consumption of alcohol, even if consumed during non-work hours; or (2) The employee has a blood alcohol concentration (BAC) which exceeds .08%, even if there are no signs of impairment.

\_\_\_\_\_ Initial

13. I {do} {do not} understand that in accordance with Florida Worker's Compensation regulations; CH. 440, of the Florida Status, P3 has developed a Managed Care Arrangement to ensure I receive prompt medical attention in the unlikely event I should have a work-related injury.

I {have} {have not} had a prior Workers Compensation injury. If you have, explain:

\_\_\_\_\_  
\_\_\_\_\_

I {have} {have not} filed for indemnity (received weekly checks) while off on workers compensation. If you have, explain:

\_\_\_\_\_  
\_\_\_\_\_

I {do} {do not} understand that as a condition of my employment if I have an injury on the job, or witness anyone having an on-the-job injury, I must immediately report the injury to my supervisor.

I {do} {do not} understand that if I am injured in the course of my employment, the company will test for the presence of drug(s) or alcohol. Furthermore, if I refuse to test, I may forfeit my eligibility for medical and indemnity benefits under the under Workers' Compensation Act and may be terminated from employment with P3.

14. I {have} {have not} been terminated for gross misconduct. If you have, explain:

\_\_\_\_\_  
\_\_\_\_\_

I {have} {have not} been discharged or requested to resign from a position. If you have, explain:

\_\_\_\_\_  
\_\_\_\_\_

15. I {do} {do not} understand that poor attendance will not be tolerated. Failure to report to work without notifying the company shall be cause for administrative disciplinary action, including termination. Any employee failing to report to work on time or leaving work early without prior notification and approval by his or her supervisor may be subject to administrative disciplinary action, up to and including termination.

16. I {can} {cannot} refrain from smoking during the workday, including breaks and while away from the office on company business.

# Employment Application

17. I {have} {have not} seen the Company Employee Profile. I {do} {do not} agree as a condition of my employment to abide by the same and understand that failing to do so may result in disciplinary actions, up to and including termination.

18. I {have} {have not} given the opportunity to review the Company Policies and the Drug-Free Workplace policy. I {do} {do not} understand and agree that any violation of these policies may result in disciplinary actions, up to and including termination.

19. What is your level of experience with a computer?  Beginner  Intermediate  Advanced

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Interview conducted by: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Hired By: \_\_\_\_\_

Date: \_\_\_\_\_

# Employment Application

## Drug Testing Consent Form

Last Name	First Name	Middle	Application Date
			Last four of SS Number: XXX-XX-

As a prerequisite to employment, I, the undersigned, hereby agree to allow P3 Solutions LLC (P3) and/or their Agent to collect urine and/or blood samples from me to determine the presence of illegal drugs in my body. Furthermore, I give my consent to the release of my test results to authorized P3 Management for appropriate review.

**I understand should I refuse to consent to the testing, that I will be removed from further consideration for employment. I also understand that if the results of the testing are confirmed positive, that the Company may withdraw any offer of employment.**

Further, I understand that if employed by P3, I must abide by the Company's Drug-Free Workplace Policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I also understand that submission to such testing is a condition of employment with the Company. Disciplinary action, up to and including discharge, may result if (1) I refuse to consent to such testing; (2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations; (3) I refuse to authorize release of the test results to the Company, if the tests establish a violation of the Company Policy; or (4) I otherwise violate the policy.

I hereby consent to the administration of drug testing and to the terms and conditions of the Consent Agreement.

I hereby **REFUSE** the drug detection testing.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

# Employment Application

## Drug Testing Information

Are you taking, or have you taken in the last month, any drug(s), prescription or non-prescription, such as aspirin, Roloids, cough medicine, etc.?

- NO  
 YES (Complete remainder of this form)

To ensure the safety of all personnel and equipment, the following information is required for the drug(s) you are taking at this time. Please provide the information for each drug used.

Name of Drug and Prescription Number	Name/Address/Phone of that may affect Prescribing Physician	Date Prescribed or Taken safety	Effects/Side Effects and/or work performance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent for any above-named prescribing physician to answer any job or safety related questions about my use of the above drug(s) or any questions concerning the prescribed drug(s) and their effect(s) upon my compliance with the Company's substance abuse policy.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### AFTER TESTING

I have reviewed the above information after being tested and I have added any information which may have affected my test.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date