



5186 Woodlane Circle  
Tallahassee, FL 32303  
850.562.0491

**Woodlane Cabinet  
Company is a Drug Free  
Workplace**

**COMPANY NAME:** Woodlabinet Company  
 Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From            To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



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## CONSENT AGREEMENT AND RELEASE OF LIABILITY

I hereby consent to an examination including screening for alcohol, drugs and for other chemical intoxicants. I further consent to allow the release of results of such testing to be provided to the Company or its agent, assignee, the Company's Medical Review Officer or a representative of the Unemployment Compensation Commission or other governmental agency, including my employer's Workers' Compensation Insurance Company.

If I am a job applicant, I understand that if I test positive for drugs or refuse to consent to be tested, I will be removed from further consideration for employment. If I am an employee, and if I test positive for drugs or refuse to consent to be tested, I may be disciplined up to and including termination.

I agree to hold harmless the Company, the testing company, and all of their employees and agents, including its designated Medical Review Officer, from any action that may arise out of such test results being provided to the Company. I further authorize the testing company to release any and all information concerning my drug test results to Sarina McKinstry in connection with any matter pertaining to the test results and any related matter arising from or connected with those results

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

As a **job applicant**, I freely and voluntarily agree to a urinalysis drug screen as part of my application for employment and I understand a refusal to test, a positive confirmed drug test or a tampered with or an adulterated specimen will disqualify me from employment, even if I have started work pending the results of the drug test. I understand I am still completing the application process and will not officially be an employee until the company receives a negative pre-employment drug test result. If I am employed by this company, I understand and agree to abide by this company's Drug Free Workplace policy, under Florida statute 440.101 and 440.102, as stated above.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_  
Company Representative



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**Woodlane Cabinet Company**  
Drug-Free Workplace Policy

**ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING**

I hereby acknowledge that I have received and read a summary of the Company's Drug-Free Workplace policy. I have had an opportunity to have all aspects of this material fully explained. I understand that the full text of the Drug-Free Workplace policy is available upon request. I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action, up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the Company, and 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 release of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the Company, 4) the tests establish a violation of the Company's drug-free workplace policy, 5) I otherwise violate the policy. I understand that a tampered or an adulterated drug and/or alcohol test will result in immediate termination of employment. I understand that a confirmed positive drug and/or alcohol will result in immediate termination of employment. If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided in Florida Statutes 440.101, 440.102(5). I also understand that a refusal to test under the circumstance will automatically result in a forfeiture of my eligibility for medical and indemnity benefits and immediate termination from employment. A tampered with or an adulterated specimen or a refusal to test may result in forfeiture of unemployment benefits under Florida law.

I also understand that the Drug-Free Workplace policy and related documents are not intended to constitute a contract between the Company and me, and that this policy is subject to change at the Company's sole discretion.

I further state that I have read the foregoing acknowledgment and understand the contents thereof and sign the same of my own free will.

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

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

Employee Motor Vehicle Report Consent Form

I, \_\_\_\_\_ (print or type applicant name), authorize Woodlane Cabinet Company to run my motor vehicle report for the purpose of determining my driving eligibility and solely in respect to Woodlane Cabinet Company's hiring guidelines. The report will be sent to Doug Croley Insurance Agency to approve the addition to Woodlane Cabinet Company's Auto Insurance Policy.

**STOP: If you do NOT have a valid driver's license then you should not complete this form. If you have multiple speeding tickets, a driving under the influence charge, or any other major traffic violation you should not complete this form, as you are NOT eligible to drive on behalf of Woodlane Cabinet Company.**

Signed (applicant): \_\_\_\_\_

Date: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**If under 25 years of age, please provide personal auto information below:**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Dates: \_\_\_\_\_

**\*\* Please provide a copy of Driver's License in addition to signed application\*\***

This consent is given in satisfaction of Public Law 18 USC2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Email application to: [accounting@woodlane.co](mailto:accounting@woodlane.co)

[Click here to Reset](#)