



EQUAL OPPORTUNITY EMPLOYER  
PO BOX 566 - AUGUSTA, GA 30903  
Beech Island, SC Job Information 803-489-0093  
Charleston, SC Job Information 843-769-9995  
Savannah, GA Job Information 912-238-1414  
Aurora, NC Job Information 252-422-4299

## EMPLOYMENT APPLICATION

This application will be considered invalid after a period of one year from date applied. After that date, a new application must be submitted for future employment consideration.

POSITION DESIRED _____	SALARY/ RATE EXPECTED _____
DATE YOU CAN START WORK: _____	

### PERSONAL DATA

DATE _____	SSN _____	
NAME _____	_____	_____
Last	First	Middle Initial
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE NUMBER _____	ALTERNATE NO. _____	
PERSON TO NOTIFY IN CASE OF AN EMERGENCY		
NAME _____	RELATIONSHIP _____	
ADDRESS _____	PHONE NUMBER _____	

### EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER: _____	PHONE: _____	
ADDRESS _____	SUPERVISOR _____	
DATE HIRED ___/___/___	DATE OF TERMINATION ___/___/___	WAGE/SALARY: _____
DESCRIPTION OF DUTIES: _____		
REASON FOR LEAVING: _____		
PRESENT OR MOST RECENT EMPLOYER: _____	PHONE: _____	
ADDRESS _____	SUPERVISOR _____	
DATE HIRED ___/___/___	DATE OF TERMINATION ___/___/___	WAGE/SALARY: _____
DESCRIPTION OF DUTIES: _____		
REASON FOR LEAVING: _____		
PRESENT OR MOST RECENT EMPLOYER: _____	PHONE: _____	
ADDRESS _____	SUPERVISOR _____	
DATE HIRED ___/___/___	DATE OF TERMINATION ___/___/___	WAGE/SALARY: _____
DESCRIPTION OF DUTIES: _____		
REASON FOR LEAVING: _____		

EDUCATIONAL BACKGROUND	DATES ATTENDED		COURSE OF STUDY	GRADUATE
	FROM	TO		
HIGH SCHOOL ADDRESS _____				YES _____ NO _____
COLLEGE ADDRESS _____				YES _____ NO _____
TRADE SCHOOL ADDRESS _____				YES _____ NO _____
OTHER ADDRESS _____				YES _____ NO _____

**REFERENCES**

	NAME	OCCUPATION	PHONE NUMBER
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

Have you ever been employed by All-Safe? List Supervisor name & approximate dates: \_\_\_\_\_  
 What date would you be available to work? \_\_\_\_\_  
 Indicate any days or shifts you cannot or will not work and give the reason \_\_\_\_\_  
 Do you have reliable transportation? \_\_\_\_\_  
 Are you willing to locate or work out of town if necessary? \_\_\_\_\_  
 Do you have a valid drivers license? \_\_\_\_\_ State \_\_\_\_\_ DL # \_\_\_\_\_  
 In which trade have you been trained? \_\_\_\_\_ How many years experience do you have? \_\_\_\_\_  
 Have you ever served in an apprenticeship program? \_\_\_\_\_  
 Was your experience residential, commercial, or industrial? \_\_\_\_\_  
 Have you ever been convicted of a felony? \_\_\_\_\_  
 Do you have the legal right to work in the U.S.? \_\_\_\_\_ Can you prove your ability to work in the U.S.? \_\_\_\_\_

**RELEASE**

I hereby certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I authorize All-Safe Industrial Services to investigate all statements made in the application process, and I authorize my former employers, educational institutes, and references to provide any and all information they have regarding me, and I hold them harmless for any real or perceived damage that information may cause me. I understand that consideration for employment is contingent on the completion of a satisfactory background check, application check, drug screen, and my ability to prove citizenship or immigration status. If upon investigation, anything contained in this application is found to be untrue, misrepresented, or omitted may result in withdrawal of an employment offer and I may be subject to immediate dismissal. I further understand that employment with All-Safe Industrial Services, Inc. is at will and the employment relationship may be ended by either party at any time, with or without notice, with or without cause.

**ALCOHOL AND DRUG POLICY**

I hereby certify that I am aware that this prospective employer maintains an alcohol and drug-free workplace and that if offered a position with this employer, I may be required to take a pre-employment alcohol and drug test. I am also aware that on a random basis, I may be required to submit to alcohol and drug testing, and that it is the policy of this employer to test all employees involved in an on-the-job accident for the presence of alcohol and drugs. By signature of this Employment Application, I affirm my consent to be tested for alcohol and drug use as described above.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY**

INTERVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_



## PRE-EMPLOYMENT CONSENT FORM CONTROLLED SUBSTANCE SCREENING

All-Safe Industrial Services has a policy prohibiting possessing, distributing, using, consuming, or being under the influence of alcohol or illegal and unauthorized drugs and other harmful substances in order to provide a safe and healthy work environment for the company's employees, visitors and other personnel.

I understand that I may be dropped from consideration for employment with All-Safe Industrial Services if the results of my drug screen indicate that I tested positive for the presence of illegal drugs.

I have read and understand this phase of All-Safe Industrial Services pre-employment drug screen requirements. I accept All-Safe Industrial Services conditions for consideration of employment and consent to the requirement of a urine drug screen as an indicator of my ability to perform work safely.

I agree in submitting to these medical tests that I have authorized this agency to take blood, urine, breath any other samples for testing to determine the presence of controlled substances (drugs) and/or alcohol in my system. I further authorize this agency to give the results of this test to All-Safe Industrial Services. Finally, I agree to hold All-Safe Industrial Services, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for drugs and the use of the results as it pertains to my consideration for employment.

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

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name



P.O. BOX 566 • AUGUSTA, GA 30903  
 Phone: 803-489-0093 • Fax: 803-489-0098

### PRE-APPLICATION INFORMATION RELEASE

NAME:		SOCIAL SECURITY#:
DATE OF BIRTH:		DRIVER'S LICENSE/ID NO.
STREET ADDRESS:		STATE ISSUED:
CITY:	STATE:	EXPIRATION DATE:
ZIP:	COUNTY:	

### RELEASE OF INFORMATION AUTHORIZATION TO SECURE BACKGROUND INFORMATION

I hereby authorize All-Safe Industrial Services, Inc. to request, obtain, and examine any and all records that may relate to my Criminal, Motor Vehicle or personal credit history and to contact former employers to verify my past work history, contact schools or training facilities to verify my educational background, contact licensing boards or authorities to verify any license or certification I may profess to possess and to maintain necessary records in my personnel file if I should become an employee of All-Safe Industrial Services, Inc. and/or their co-employer clients. I further understand that from time to time, All-Safe Industrial Services, Inc. may secure updated reports or additional reports as it may deem necessary to maintain records in my personnel file should I become an employee. And I understand that All-Safe Industrial Services, Inc. may request up-to-date reports and/or additional reports in the course of investigating any claim for Workers' Compensation benefits or in the routine investigation of allegations of misconduct as outlined in published procedures and rules.

I understand that upon proper request, I may inspect the contents of my personnel file during normal working hours and that if any material secured by All-Safe Industrial Services, Inc. via the previously mentioned reports is used against me, or in the course of denying me a promotion or a job for which I have applied, All-Safe Industrial Services, Inc. will advise me of such action in writing and allow me the opportunity to dispute any facts contained in any such reports. I hold All-Safe Industrial Services, Inc., its employees, agents, assigns, and vendors providing these reports harmless for any and all damages that may be done unless such damages were the result of malicious and deliberate libel, slander, and/or defamation, the result of which is actual damage to me or my reputation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### FOR CORPORATE USE ONLY

DATE:	FEDERAL: YES NO
STATE: FL GA NC SC OTHER	RECORD: YES NO
STATE: FL GA NC SC OTHER	RECORD: YES NO
APPROVED BY:	DATE: