



P.O. Box 80874, Bakersfield, CA 93380

# Employment Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State Zip Code

Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security # \_\_\_\_\_ Des \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you 25 years or older? (Insurance Purposes ONLY) YES  NO

Are you authorized to work in the U.S.? YES  NO

Do you Have a current Drivers License?  License# \_\_\_\_\_

Have you ever previously worked for company? YES  NO

If so, when? \_\_\_\_\_ If so, what was your Position? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

## Previous Employment

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  NO

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

## Disclaimer and Signature

*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. "Employment with S & S Sprayers, LLC is subject to each applicant passing a drug screen"

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

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

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

**AUTHORIZATION FOR SPECIMEN COLLECTION & TESTING**

I hereby give my consent to S&S Sprayers, LLC and its agents:

- 1) to collect (urine) and/or (breath) samples from me,  
*collection of a specimen other than urine or breath must be authorized by the Company,* \_\_\_\_\_  
 hair  saliva  blood (mark choice), (Name, Date, Time)
- 2) to test those samples for the presence of alcohol, drugs and controlled substances, and
- 3) to conduct such other medical tests as needed to determine whether or not my ability to perform work may be impaired.

**Non-D.O.T. National Toxicology General Panel #** \_\_\_\_\_ **Collection Method:**  **Observed**  
*collection of a specimen using other than the approved method (observed) must be authorized by the*  
*Company,* \_\_\_\_\_  **Unobserved**  
 (Name, Date, Time)

**Type of Test:**  **Pre-Employment**  **Reasonable Suspicion**  **Post-Incident (Vehicle, Injury, Property Damage)**  
 **Random**  **Unannounced**  **Post-Treatment**  **Other:** \_\_\_\_\_

**I Consent:** \_\_\_\_\_  
Signature of Employee

**I Refuse To Consent:** \_\_\_\_\_  
Signature of Employee

**AUTHORIZATION FOR RELEASE AND USE OF TESTING INFORMATION**

I hereby authorize S&S Sprayers, LLC and any other testing facilities as S&S Sprayers, LLC may designate, to release to S&S Sprayers, LLC ("the Company"), or any other designate, or to a physician or other person specified to receive information on the Company's behalf, all results of the alcohol, drug, and controlled substances tests and medical examinations performed on me as part of the Company's Contraband Control Program.

**USES** The Company may use the medical records and type of information authorized only for the following purposes: To determine my ability to perform my job or my qualifications for employment or continued employment.

**DURATION** This authorization shall become effective immediately and shall remain in effect until a final determination is made concerning my employment or throughout the duration of my employment with the Company, whichever is longer.

**RESTRICTIONS** I understand that the Company may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

**ADDITIONAL COPY** I further understand that I have a right to receive a copy of this authorization upon my request. Copy requested and received: YES \_\_\_\_\_ NO \_\_\_\_\_ INITIAL \_\_\_\_\_

**I Consent:** \_\_\_\_\_  
Signature of Employee

**I Refuse To Consent:** \_\_\_\_\_  
Signature of Employee



\_\_\_\_\_  
Company Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Representative (Signature)

\_\_\_\_\_  
Date