

POLICY NOTIFICATION TO APPLICANTS FROM JACOB SHEET METAL WORKS

GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, age, disability, handicap, marital status or any other basis protected by law. The opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered. We also reasonably accommodate individuals with disabilities, handicaps, and bona fide religious beliefs.

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential files.

We also maintain a Drug-Free Workplace as defined by the Rules of the State of Florida, Agency for Health Care Administration, Chapter 59A-24, Florida Administrative Code, Drug-Free Workplace Standards, and the Department of Labor and Employment Security, Division of Worker's Compensation, pursuant to Workers' Compensation Drug Testing Rule Chapter 38F-9, a copy of which is maintained by the employer for review by employees upon request.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that in accordance with Florida Statute §443.131 (3) (a) (2), if hired, I will be placed in a 90-day Probationary Status. I further understand that if I am terminated for unsatisfactory work performance within this 90 day Probationary Period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____ (Initial)

I understand, under Rules of the State of Florida for Drug-Free Workplaces, as a condition of my employment, I must take and pass a pre-employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace Policy statement, copies of which have been provided to me and a copy, executed by me, returned to the employer. _____ (Initial)

I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre-employment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the 90-day probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause under the provisions of Workers' Compensation Drug Testing Rule 38F-9.004 (3) (b) and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____(Initial)

I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person(s) duly authorized by the employer. _____ (Initial)

I certify that all information given to the employer by me in the form of an employment application, resume, or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer will make a thorough investigation of my past work and personal history. I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____ (Initial)

_____	_____	_____
Applicant's Signature	Applicant's Printed Name	Date
_____	_____	_____
Witness' Signature	Witness' Printed Name	Date