

Tervis Tumbler Company
Employment Application Instructions

1. Print plainly and neatly. The application must be signed and dated.
2. Complete all boxes and information requested. **(Incomplete applications will not be considered.)**
3. Indicate in the appropriate space **on the application** the shift you are available to work for.

Production*
1st Shift - 7:00 a.m. – 3:30 p.m.
2nd Shift – 3:30 p.m. – 12:00 a.m.

Office Hours*
8:00 a.m. – 5:00 p.m.

* Hours may vary and include overtime.

4. Applications will be considered active for 60 days. After 60 days, you must re-apply.

Tervis Tumbler Company

Employment Application

This company is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, marital status, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

PLEASE PRINT PLAINLY - BE SURE TO SIGN THIS APPLICATION

Date _____

Name: _____ Social Security No. _____
Last First Middle

Address: _____
No. Street Apt # City State Zip

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Have you ever applied for employment with us before: _____ Yes _____ No

If yes, when (Month and year) _____

Have you been previously employed by this company? _____ Yes _____ No

If yes, when? _____ In what capacity? _____

Who referred you to this Company: Our Advertisement _____ Job Service _____ Employment Agency _____
Friend/Relative _____ Walk In _____

Name of Person referring you: _____

Names of friends or relatives employed by this company:

Name _____ Relationship _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Full time _____ Part time _____ If part time, what days/hours are you available? _____

Shift (circle shifts available to work) **1st shift** **2nd Shift**

Date available to start _____

PERSONAL DATA

Have you ever been convicted of any crime? _____ Yes _____ No

(A conviction will not necessarily disqualify you)

If so, include details of the crime including type of crime, date of conviction, and penalty imposed.

Give dates: _____

Have you ever been a defendant in a civil action for intentional tort (i.e. assault, battery, etc.)? ___ Yes ___ No

If yes provide details _____

Have you ever been sued for causing the death of, or injury to, a person?

_____ Yes _____ No If yes, provide details _____

Have you taken any illegal drugs in the last 30 days? _____

Who should be contacted in case of emergency?

Name	Address	Tel No.	Relationship
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Are you lawfully eligible to work in the U.S.? _____ Yes _____ No

Are you at least eighteen years (18) old? _____ Yes _____ No If not, state your age for Child Labor Law purposes: _____

Do you have a reliable form of transportation to work? _____ Yes _____ No

EDUCATION

	<u>Name & Location of School</u>	<u>No./Years Completed</u>	<u>Did you Graduate?</u>	<u>Course of Study</u>	<u>Degree</u>
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

List any special skills, training or qualifications that you feel are relevant to the job for which you are applying (including any military training that is applicable):

EMPLOYMENT HISTORY

Company Name _____ **Telephone No.** _____
Address: _____ Employed from ___/___ to ___/___
Supervisor: _____ Pay: Start _____ Last _____
State job title and describe job duties. _____

Reason for Leaving _____

Company Name _____ **Telephone No.** _____
Address: _____ Employed from ___/___ to ___/___
Supervisor: _____ Pay: Start _____ Last _____
State job title and describe job duties. _____

Reason for Leaving _____

Company Name _____ **Telephone No.** _____
Address: _____ Employed from ___/___ to ___/___
Supervisor: _____ Pay: Start _____ Last _____
State job title and describe job duties. _____

Reason for Leaving _____

How many unexcused absences have you had in the last 12 months? _____

Have you signed any non-compete agreement with any other employer that would restrict you from working with this company? Yes No

If yes, explain: _____

PROFESSIONAL REFERENCES

Are you currently employed? _____ May we contact your present employer? _____ Yes _____ No

List three people (no relatives) you have worked with that we may contact for a reference.

Name	Title	Address	Phone
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Name	Title	Address	Phone
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Name	Title	Address	Phone
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Please read the following statements carefully before you sign your name:

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Company. *I have read, understand and agree to the above statement.* (Please initial here). _____

I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company. If employed, the employment relationship will be an at-will relationship and I or Tervis Tumbler Company has the right to terminate the employment at any time, with or without notice. *I have read, understand and agree to the above statement.* (Please initial here). _____

If employed, I understand that I may be required to work both scheduled and unscheduled overtime, and possibly weekend and holiday work when requested. (Please initial here). _____

If employed, I agree to abide by all of the work and safety rules of the Company. I understand that this Company is committed to maintaining a drug-free workplace. I have read, understand and agree to the above statement. (Please initial here). _____

I understand that this application will remain on file for **sixty days** for consideration. After sixty days, if I am still interested in a position with this Company, it will be necessary for me to complete a new application form."

SIGN HERE _____ **DATE** _____

TERVIS TUMBLER COMPANY

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize *Tervis Tumbler Company*, and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with *Tervis Tumbler Company*.

I release *Tervis Tumbler Company* and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee Name and Signature

Date

Social Security Number *

****NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Tervis Tumbler Company is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.***

TERVIS TUMBLER COMPANY

NOTICE OF DRUG-FREE WORKPLACE PROGRAM

TERVIS TUMBLER COMPANY is committed to maintain a safe, healthy and productive work environment for our employees; to provide professional services for our customers; to maintain the integrity and security of our equipment and workplace; to perform all these functions in a fashion consistent with the interests and concerns of the community.

TERVIS TUMBLER COMPANY believes that there is a potential for serious consequences to our employment security and our business due to drug and alcohol use and/or abuse by employees, which has been shown to increase safety risks and absenteeism, while decreasing productivity and quality.

Pursuant to the Company's philosophy and goals, TERVIS TUMBLER COMPANY is a Drug-Free Workplace. This program is intended to comply with the Drug-Free Workplace program requirements set forth in F.S. 440.12, and the implementing regulations (F.A.C. Ch. 38F-9) promulgated by the State of Florida, Department of Labor and Employment Security, Division of Workers Compensation.

It is the policy of TERVIS TUMBLER COMPANY that the unlawful possession, use, consumption, sale, purchase, distribution, dispensation or manufacture by any employee of alcohol or any illegal drugs or illegally obtained drugs in the workplace, on Company premises or within its facilities, in the conduct of Company-related work off Company premises, or when operating company vehicles on or off duty, is strictly prohibited and will be grounds for immediate termination. Nor will the Company permit any employee to report to work or perform his or her duties after having ingested illegal or illegally obtained drugs, abusing prescription drugs, or while under the influence of alcohol. The Company also does not permit any employee to report to work or to perform his or her duties while taking over-the-counter or prescribed drugs which adversely affect the person's ability to safely and effectively perform his or her job functions. Employees are required to notify their supervisor of all such drug use. It is a condition of employment to abide by the terms of the aforementioned policy.

In furtherance of the Company's Drug-Free Workplace Policy, TERVIS TUMBLER COMPANY will institute drug and alcohol testing procedures. Under the testing program, candidates for employment as well as current employees under certain limited circumstances will be subject to alcohol and drug testing. A

complete copy of the Company's Drug-Free Workplace Program will be provided to each employee at the time of hire.

It is the Company's desire that individuals voluntarily address and resolve any drug-and-alcohol-related problems on a confidential basis. Should an employee realize that he or she had developed a dependence on drugs, alcohol or any controlled substance he or she is advised to inform his or her supervisor of the condition and to seek trained professional assistance immediately. Employees are encouraged to seek rehabilitation voluntarily (without disciplinary penalty), prior to any management action.

We would like to have the opportunity to answer any questions anyone might have. If you would like to discuss the policy (on a confidential basis), please see your manager or Human Resources.

We do appreciate the effort you are putting into your jobs and ask your assistance in keeping TERVIS TUMBLER COMPANY free of alcohol-and-drug related problems.

TERVIS TUMBLER COMPANY

**INFORMED CONSENT AND RELEASE OF LIABILITY
(TESTING/RELEASE OF RESULTS)**

I, _____, understand that according to the Company's Drug-Free Workplace Policy which I have read and understand, as a prerequisite to further employment consideration/condition of employment with the Company, I am required to submit a sample of my urine and/or blood for chemical analysis. I understand that this analysis will be conducted by Nokomis Walk-In Clinic, a qualified, HRS-Licensed laboratory.

The PURPOSE of this analysis is to determine the absence or presence of illegal drugs and/or alcohol.

I CONSENT freely and voluntarily to the Company's request for specimens. I hereby release and hold harmless the Company and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens. I further consent to the release of the result(s) of the analysis to TERVIS TUMBLER COMPANY and understand that in the event I refuse to be tested, refuse to execute this Informed Consent and Release of Liability form, or test positively, I will be disqualified for further employment consideration, or subject to disciplinary action up to and including termination of employment by TERVIS TUMBLER COMPANY. I also understand that, in the event I was injured in the course and scope of my employment, and refuse to be tested or test positive, I may, in addition to the above, forfeit all my medical and indemnity benefits under the Florida Workers' Compensation Act upon exhaustion of the remedies provided in F.S. 440.102(5).

I also consent, in the event of a confirmed positive result, to the release by TERVIS TUMBLER COMPANY of such result(s) to any person(s) with a need to know in connection with any administrative proceeding, lawsuit or other legal action or proceeding, including but not limited to claims for unemployment compensation insurance benefits filed with the Florida Department of Labor and Employment Security, Division of Employment Security, Bureau of Unemployment Compensation, to which I am a party, where my test result(s) would be at issue or otherwise relevant to the outcome of the action/proceeding. The duration of my consent to the release of the result(s) is to be coincident with the duration of said administrative or legal proceedings or actions, including any appellate proceedings.

I UNDERSTAND that all information derived from this test will be kept confidential and released only to Company personnel with a need to know, except as authorized pursuant to State law and regulation and my written consent provided herein. I also understand a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process.

PRINT NAME

SIGNATURE

DATE