

Please Print **ALL**  
 Information Requested  
 Except Signature



**All South Lightning Protection, Inc.**  
 5307 N Falkenburg Rd., Bldg. A  
 Tampa, Florida 33610  
 (813) 630-2757 – Office  
 (813) 630-2758 – Fax

**Application for Employment**

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**Personal Information**

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

Name: \_\_\_\_\_  
                     Last    First    Middle    Maiden

Present Address: \_\_\_\_\_  
                                 Number    Street    City    State    Zip

\_\_\_\_\_  
 Telephone Number    Cell Phone Number    Work Number

\_\_\_\_\_  
 Social Security Number    Date of Birth  
 If under 18, please list age \_\_\_\_\_

Do you have a Driver's License?      Yes      No

\_\_\_\_\_  
 Driver's License No.                      State                      Expires                      Type (Operator, CDL)

Have you had any accidents during the past three years?      Yes      No      How Many? \_\_\_\_\_

Have you had any moving violations during the past three years?      Yes      No      How Many? \_\_\_\_\_

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**Background Information**

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Are you legally eligible to hold employment in the United States?      Yes      No

Are you related to anyone employed by ASLP?      Yes      No

If yes, give the name of the person(s), relationship below:  
 \_\_\_\_\_

Have you ever been convicted of a felony and/or a first-degree misdemeanor?      Yes      No

If yes, what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of conviction: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever pled 'nolo contendere' or pled guilty to a crime, which is a felony and/or a first-degree misdemeanor?      Yes      No

If yes, what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of conviction? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever had the adjudication of guilt withheld to a crime that is a felony Yes    No  
 and/or a first-degree misdemeanor?

If yes, what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of conviction? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying for are considered.*

**Education**

Type of School	Name of School	Location	Number of Years Completed	Major & Degree
High School				
College				
Bus or Trade School				
Professional School				

**Job Information**

Position applying for: \_\_\_\_\_ Salary desired: \_\_\_\_\_

How Many Hours can you work weekly? \_\_\_\_\_

Days/hours available to work:

No Preference     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

Employment desired:

Full-Time Only     Part-Time Only     Full or Part Time

When available for work? \_\_\_\_\_

**Work Experience**

Please list your work experience for **the past five years** beginning with your most recent job held. If you were self-employed, give firm name.

Employer Name:	Phone No. (    )
Address:	
Job Title:	Supervisors' Name:
Dates Employed	Hour worked per week?

Duties & Responsibilities:	
Reason for Leaving (be specific):	Pay/Salary
Employer Name:	Phone No. ( )
Address:	
Job Title:	Supervisors' Name:
Dates Employed	Hour worked per week?
Duties & Responsibilities:	
Reason for Leaving (be specific):	Pay/Salary

Employer Name:	Phone No. ( )
Address:	
Job Title:	Supervisors' Name:
Dates Employed	Hour worked per week?
Duties & Responsibilities:	
Reason for Leaving (be specific):	Pay/Salary

Employer Name:	Phone No. ( )
Address:	
Job Title:	Supervisors' Name:
Dates Employed	Hour worked per week?
Duties & Responsibilities:	
Reason for Leaving (be specific):	Pay/Salary

**Military Experience**

Have you ever been in the armed forces?            Yes    No  
 Are you now a member of the National Guard?      Yes    No

Specialty \_\_\_\_\_                      Date Entered \_\_\_\_\_                      Discharge Date: \_\_\_\_\_

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### References

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Please list two references other than relatives and/or previous employers.

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____

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### Acknowledgment

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*Please read carefully, initial each paragraph, and sign below.*

Initial	The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.
Initial	I authorize an person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the ASLP with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and/or opinion to you.
Initial	In consideration of employment, I agree to obey the rules and standards of ASLP. I understand that nothing contained in this application or in the interview process is intended to create a contract between ASLP and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with our without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work, at any time, for any reason, at the option of myself or ASLP. This constitutes my entire agreement with ASLP with regard to the length of my employment.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that at any time during my employment, I may be required to take an alcohol/drug test if management suspects a condition exist that will prevent me from performing my job in a manner that does not endanger my own healthy or the safety and health of others.
Initial	I am able to perform the essential functions of the position with our without reasonable accommodation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.

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Applicant Signature

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Date

**EMPLOYEE BACKGROUND INVESTIGATION CONSENT FORM**

I, \_\_\_\_\_, hereby allow All South Lightning Protection, Inc. the right to conduct a criminal background check from any criminal justice agency including by not limited to any or all federal, state, city and county jurisdictions, and state Department of Motor Vehicle/Drivers' Licenses Records.

I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.

The cost of the background check will be paid by All South Lightning Protection, Inc. Nonetheless, I hereby indemnify, release and forever discharge and hold All South Lightning Protection, Inc. and its subsidiaries and affiliated companies, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this background check, the results, or any lawful uses of the results or disclosure thereto.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness