

## **PRE-EMPLOYMENT DRUG-TESTING POLICY**

**All job applicants at this company will undergo screening for the presence of illegal drugs or alcohol as a condition for employment.**

**Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company and, by signing consent agreement, will release the company from liability.**

**(Any applicant with positive test results will be denied employment at that time but may initiate inquiry with the company after six months.)**

**The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. However, the company will not tolerate current drug or alcohol abuse that prevents employees from properly performing their jobs.**

# QUALITY PLUMBING INC.

6318 NW 18<sup>TH</sup> DRIVE  
GAINESVILLE, FL 32653  
352-377-1009  
352-377-3204 (FAX)

## APPLICATION FOR EMPLOYMENT

### Personal Information

DATE: \_\_\_\_\_

FOR EMPLOYERS USE

DATE HIRED: \_\_\_\_\_ DATE RELEASED: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_

DRIVER'S LIC.# \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

### EMERGENCY INFORMATION

NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HM. PHONE: \_\_\_\_\_ WK. PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HM PHONE: \_\_\_\_\_ WK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ANY SPECIAL MEDICAL CONDITIONS OR INFORMATION ABOUT WHICH WE SHOULD BE AWARE?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU LEGALLY ELIBLE FOR WORK IN THE UNITED STATES? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU 18 YEARS OR OLDER? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? \_\_\_\_\_ YES \_\_\_\_\_ NO

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ REFERRED BY \_\_\_\_\_

EVER APPLIED WITH THIS COMPANY BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, WHEN? \_\_\_\_\_

WOULD YOU PREFER TO WORK? \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME DATE AVAILABLE \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ YES \_\_\_\_\_ NO SALARY DESIRED \_\_\_\_\_

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT \_\_\_\_\_ YES \_\_\_\_\_ NO

MAY WE CONTACT EMPLOYERS BELOW? \_\_\_\_\_ YES \_\_\_\_\_ NO IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT \_\_\_\_\_  
\_\_\_\_\_

U.S. ARMED FORCES: \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, BRANCH \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS PLUMBERS LICENSE, MACHINE OPERATIONS, LANGUAGES, ETC. \_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

HIGH SCHOOL: \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_ GRADUATED \_\_\_\_\_ YES \_\_\_\_\_ NO

COLLEGE: \_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_ GRADUATED \_\_\_\_\_ YES \_\_\_\_\_ NO

SPECIAL TRAINING \_\_\_\_\_

### REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS ACQUAINTED \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS ACQUAINTED \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS ACQUAINTED \_\_\_\_\_

EMPLOYERS: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
DATES OF EMPLOYMENT (FROM/TO) \_\_\_\_\_ / \_\_\_\_\_  
HOURLY RATE/SALARY (STARTING/FINAL) \_\_\_\_\_ / \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
DATES OF EMPLOYMENT (FROM/TO) \_\_\_\_\_ / \_\_\_\_\_  
HOURLY RATE/SALARY (STARTING/FINAL) \_\_\_\_\_ / \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
DATES OF EMPLOYMENT (FROM/TO) \_\_\_\_\_ / \_\_\_\_\_  
HOURLY RATE/SALARY (STARTING/FINAL) \_\_\_\_\_ / \_\_\_\_\_  
JOB DUTIES \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

**QUALITY PLUMBING OF GAINESVILLE, INC.**  
**6318 N.W. 18<sup>TH</sup> Drive**  
**Gainesville, FL 32653**  
**Ph: (352) 377-1009**  
**Fax: (352) 377-3204**

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**DRUG-FREE WORKPLACE ACKNOWLEDGEMENT**

I hereby acknowledge that I have received and read the company's Drug-Free Workplace Policy, a summary of the drugs, which may alter or affect a drug test and a list of local Employee Assistance Programs and drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I also understand that I must abide by the policy as a condition of initial and/or continued employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the Company and disciplinary action up to and including discharge may result if: 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the Company, 4) the test establish a violation of the Company's Drug-Free Workplace Policy, 5) I otherwise violate the policy. I also understand that if I am injured in the course and scope of my employment and test positive or refuse to be tested, I forfeit my eligibility for medical and indemnify benefits under the workers' compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).

I ALSO UNDERSTAND THAT THE DRUG-FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND ME.

**THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

# CONSENT FOR DRUG TESTING

*I understand that as a condition of employment with Quality Plumbing of Gainesville, Inc., I must submit to testing for the presence of drugs or alcohol. I also understand that if I do not pass this testing, I cannot be employed by Quality Plumbing of Gainesville, Inc.*

I, \_\_\_\_\_, CONSENT TO BE TESTED FOR THE PRESENCE OF DRUGS AND/OR ALCOHOL. I UNDERSTAND THAT THE RESULTS OF THIS TEST WILL BE GIVEN TO MY PERSPECTIVE EMPLOYER, QUALITY PLUMBING OF GAINESVILLE, INC., AND UNDERSTAND THAT THE RESULTS WILL BE KEPT CONFIDENTIAL. I, \_\_\_\_\_, FURTHER STATE THAT I HAVE READ THE ABOVE STATEMENT, AGREE WITH ITS CONTENTS, AND SIGN THIS CONSENT FORM OF MY OWN FREE WILL.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF LEGAL GUARDIAN  
(IF APPLICABLE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\*\*\*\*\*  
**AUTHORIZATION FOR INFORMATION**

I, \_\_\_\_\_, HEREBY AUTHORIZE YOU TO PROVIDE REQUESTED INFORMATION TO QUALITY PLUMBING OF GAINESVILLE, INC. ON MY BEHALF. I UNDERSTAND THAT THE INFORMATION PROVIDED WILL BE PERTAINING TO MY EMPLOYMENT AND KEPT CONFIDENTIAL.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF LEGAL GUARDIAN  
(IF APPLICABLE)

\_\_\_\_\_  
DATE

## BACKGROUND CHECK AUTHORIZATION & ACKNOWLEDGEMENT

I \_\_\_\_\_ authorize **Quality Plumbing of Gainesville, Inc.** and/or any of its officers, employees, or agents to investigate my background, references, character, education, past employment, motor vehicle report and/or criminal records in order to confirm my qualifications for employment as represented on my resume' and/or employment application, and/or in my employment interview. I understand that **Quality Plumbing of Gainesville, Inc.** will utilize an outside firm or firms to assist in checking such information and I specifically authorize such an investigation by information services and outside entities of the company's choice.

By signing below, I release **Quality Plumbing of Gainesville, Inc.** and/or its officers, employees, and/or its agents, as well as any person or entity providing information on my background pursuant to this acknowledgment form, from any and all liability in relation to the information obtained from any and all of the above referenced sources used.

I understand that I may withhold my permission and that in such case, no investigation will be done and my application for employment will not be processed further.

**I also understand that I may be employed by Quality Plumbing of Gainesville, Inc. prior to the results of the background check being received and my continued employment is contingent upon those results.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name-Printed

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
<b>▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**▶ START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address			Employee's Telephone Number

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

