

FLORIDA PREP

Founded 1961

1950 South Academy Drive, Melbourne, FL 32901 · Ph: 321-723-3211 · Fax: 321-676-9548 · www.flprep.com

| | | | | |
|---------------------------------------|----------------------------|--|----------------------|----------------|
| <u>Personal Information</u> | | Date: _____ | | |
| Name (Last, First, MI) | | | | |
| Street address | | | | |
| City, State, Zip | | | | |
| Home phone number | | Work phone number | | |
| Facsimile number | | E-mail address | | |
| Social security number | | Driver's license number/state/expiration | | |
| <u>Employment Desired</u> | | | | |
| Position applied for | | | | |
| How did you hear about this position? | | | | |
| Date available for work | | Desired hours (full time, part time, etc.) | | |
| <u>Education</u> | | | | |
| | Name and Address of School | Course of Study | Total Years of Study | Degree/Diploma |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other (Specify) | | | | |

List any seminars, classes or other education not listed above which may help qualify you for this position.

Employment History

List below present and past employers, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

| | | | | |
|---|---|-----------------|---------------|---|
| 1 | Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No) | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Salary | Ending Salary | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | | | E-mail address of supervisor |
| | Reason(s) for leaving | | | |
| 2 | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Salary | Ending Salary | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | | | E-mail address of supervisor |
| | Reason(s) for leaving | | | |

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

| | Fair | Good | Fluent |
|-------|------|------|--------|
| Speak | | | |
| Read | | | |
| Write | | | |

| | |
|---|--|
| Identify formal job training that relates to this position: | |
| | |
| | |
| | |
| | |
| Identify what skills or certification you possess related to this position: | |
| | |
| | |
| | |
| | |

| | |
|--|--|
| If you are hired, what value would you add to our company? | |
| | |
| | |
| | |
| | |
| Describe what you believe are the most unique features of your work history: | |
| | |
| | |
| | |
| | |

Additional Information

Have you ever been employed with this company before? Yes No
 If Yes, when?

Do you have any friends or relatives employed by this company? Yes No
 If Yes, please provide their names and relationship to you:

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

| | | |
|--|------------------------------|---|
| Are you currently on “lay off” status and subject to recall? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you are under 18 years of age, can you provide proof of your eligibility to work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please explain: | | |
| | | |
| If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence “(DUI)” | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If hired, do you have a reliable means of transportation to and from work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If hired, would you be able to travel or work overtime as needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a felony or misdemeanor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please explain: | | |
| | | |

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |
| | | |
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |
| | | |
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

| |
|--|
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Please read each statement closely and initial each acknowledging your understanding.

Equal Employment Opportunity Statement

_____ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

_____ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the Company, you will be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

_____ I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

_____ If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

_____ I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

_____ Signature _____ Date

For Personnel Department Use Only

INTERVIEW CHECKLIST

1. Application reviewed on _____ by _____
2. Interview scheduled for _____

ADDITIONAL NOTES:



NOTICE OF OUTSIDE EMPLOYMENT

*****Only fill this form out if you hold employment outside of Florida Prep*****

DATE: _____

I, (print name) _____, currently hold employment outside that of Florida Prep Academy-Melbourne, Inc.

I understand the following:

- Employment with Florida Prep Academy is to be considered primary.
- Other employment must not interfere with my employment at Florida Prep Academy.
- Other employment cannot present a conflict of interest for Florida Prep Academy.
- It is prohibited to divert resources such as supplies, equipment, etc. to perform any job function for outside employment.
- I am bound to keep all information regarding operations and procedures strictly confidential.

If it is determined that I have violated any of the above, Florida Prep Academy reserves the right to take disciplinary action up to and including termination.

By signing, I agree to comply with the terms listed above.

Employee Signature

President's Signature

EMPLOYER: _____

POSITION: _____

SHIFT LENGTH: _____ circle one AM PM

PERSONNEL MANUAL RECEIPT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FLORIDA PREP ACADEMY PERSONNEL MANUAL. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KNOW THE CONTENTS OF THE PERSONNEL MANUAL. I ALSO AGREE TO FOLLOW THE POLICIES, RULES AND REGULATIONS CONTAINED IN THE PERSONNEL MANUAL.

EMPLOYEE NAME

EMPLOYEE SIGNATURE

DATE

Drug Free Workplace Program Policy

SUMMARY

In a commitment to safeguard the health of our employees and to provide a safe working environment, we have established a Drug Free Workplace Policy for our company. This policy is implemented pursuant to the Drug Free Workplace requirements under Florida Statute 440.102 and the proposed rules of the Department of Labor and Employment Security, Division of Workers' Compensation.

The essential parts of the policy are as follows:

1. Florida Prep Academy prohibits the illegal use, possession, sale, or distribution, of drugs, alcohol, or other controlled substances on our property. It is also against Company Policy to report to work or to work under the influence of drugs or alcohol.
2. Drug Testing of Applicants for Employment:
 - a. All applicants considered final candidates for all positions will be tested for the presence of drugs as part of the application process.
 - b. Applicants will be asked to sign the Pre-Employment Agreement form. If an applicant refuses to sign the agreement they will not be considered for employment and the employment application process will be terminated.
 - c. If an applicant's test is confirmed positive, the applicant will not be considered for employment at that time and will be informed that they have failed to meet employment standards.
3. Drug Testing of Current Employees:
 - a. Reasonable Suspicion Testing: An employee will be tested when there is a reasonable suspicion that the employee is using or has used drugs or alcohol.
 - b. Random Testing: Any employee may be selected through a neutral selection process for testing.
 - c. Routine Fitness for Duty Testing: All employees required to undergo routine fitness-for-duty medical exams will be required to have drug tests as part of their medical exam.

- d. Follow-Up Testing: All employees who have completed a drug or alcohol rehabilitation program, or is currently enrolled in a treatment program will be subjected to one unannounced drug test every six months for a period of two years.
- e. Accident Testing: Any employee involved in an accident or an on the job injury will be tested.
- f. Additional Testing: Any employee may be tested to comply with applicable state or federal regulations, rules, or laws.

4. Disciplinary Action:

- a. Violations of the Company's drug policies will result in termination.
- b. An employee may be placed on suspension without pay pending the results of the drug test or additional investigation of any violations of the drug policy.
- c. An employee who tests positive for drugs or alcohol following an accident or an on the job injury will forfeit their eligibility for all workers' compensation medical and indemnity benefits.
- d. Refusal to submit to a drug test if requested will result in disciplinary action up to and including termination.

5. All information, interviews, reports, statements, memoranda and drug test results, written or otherwise kept, shall be kept confidential and will not be released to any person or organization without the written permission of the employee. Records may also be released to comply with court orders or other state or federal laws related to the subpoena of documents.

6. The drugs for which employees will be tested are:

Cocaine, Cannabinoids, Amphetamines, Opiates, Phencyclidine, Alcohol, Methaqualone, Barbiturates, Benzodiazepines, Methadone, and Propoxyphene

7. The detailed policy may be obtained upon request from the Accounting Department.

Signature

Date

Personal Information and Release

In connection with my application for employment (including contract for services) with you, I understand that a consumer report, which may contain public record information, is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents and other information. I further understand that such report may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records and other information from federal, state and other agencies which maintain such records; as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies, (2) state provided driving records, (3) claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I understand that I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information, which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies that subscribe to DAC Services.

Print Name

Social Security Number

Drivers License Number - State

Date of Birth

Applicant's Signature

Application Date



1950 South Academy Drive Melbourne, FL 32901
Ph: (321) 723-3211
Fax: (321) 676-9548

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

As an applicant for a position with Florida Prep Academy, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, attendance of the last year worked, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications and experience at your company. This includes all information contained in my employment records.

The release in any manner of any and all information by you is authorized and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Signature _____ Date _____

Printed Name _____

Witness _____ Date _____

Safety Policy Statement

It is the policy of Florida Prep Academy to provide a safe and healthy work environment for the protection of our most vital resource, our employees. The safety of employees is of the greatest interest to all levels of management and supervision.

Florida Prep Academy's philosophy is that most personal injuries can be prevented by taking preventative actions and the exercise of due caution. The responsibility for safety begins with each employee and extends throughout the organization.

Florida Prep Academy will maintain a vigorous safety and injury prevention program and will allocate the necessary resources to assure a safe and healthful work environment.

MANAGED CARE FOR WORKERS' COMPENSATION

When an injury does occur it is our desire that employees receive prompt, appropriate, quality medical care. We have joined the Managed Care Arrangement for Workers' Compensation Insurance established by FFVA MUTUAL. This statewide network of approved medical care providers is the largest in the state and meets our standard of quality and service. We ask that you complete the following steps whenever an accident or illness occurs on the job:

- A) For all Life-Threatening medical emergencies call 911 and get the employee to Holmes Regional Medical Center via emergency transportation.
- B) For all other injuries or illnesses:
 - 1) Report to the Infirmary for appropriate first aid and referral to a designated urgent care center if necessary. You will also need to fill out a First Report of Injury Form.
 - 2) Notify your supervisor as soon as possible after appropriate medical care has been received.
 - 3) If referred to a Urgent Care Center by the Infirmary you must proceed to that physician for medical care. **FAILURE TO OBTAIN MEDICAL TREATMENT FROM A PARTICIPATING MEDICAL PROVIDER WILL JEOPARDIZE YOUR WORKERS' COMPENSATION BENEFITS.**
 - 4) Follow the medical treatment plan as prescribed by your primary care physician.
 - 5) A FFVA MUTUAL Case Manager may contact you to assist in your medical treatments, referrals and return to work plans.
 - 6) Should you wish to see a specialist other than the one chosen by your Primary Care Physician, FFVA MUTUAL will allow for one referral to a similar specialist within the

approved network. The FFVA MUTUAL Case Manager assigned to your case must coordinate all referrals.

Your health and safety are our primary concern. This Managed Care Arrangement is one more way we help to ensure prompt and proper medical care for every employee. Please contact Heather Nokes in the Accounting Department if you have any questions.

There are both informal and formal procedures that must be followed whenever a dispute arises between an injured employee and FFVA MUTUAL concerning the medical care received or proposed.

INFORMAL GRIEVANCE PROCEDURE:

If you become dissatisfied with your medical care you should contact the claims representative for FFVA MUTUAL at 800-226-0666. Explain the problem or difficulty you are having and make sure to get the representatives name.

The medical case manager will investigate the situation and compile the relevant facts for review. The supervisor of the medical case manager will review the case and recommend a solution within 24 hours. The proposed solution is then discussed with the injured worker.

FORMAL GRIEVANCE PROCEDURE:

If you are unable to satisfactorily resolve your problem or concern through the informal procedure above, you may send a written explanation to the grievance committee and request that they review your situation. Letters should be addressed as follows:

Grievance Coordinator
FFVA MUTUAL, P.O. Box 945927, Maitland, Florida 32794

If you need additional assistance in completing the request for a grievance review call your medical case manager or grievance coordinator at 800-226-0666.

If you are still dissatisfied after the formal grievance review you may elect resolution through binding arbitration. Please contact your grievance coordinator for the appropriate procedures to follow.

Throughout the entire grievance procedure you may also contact:
Florida Division of Workers' Compensation
Employee Assistance and Ombudsman Office
800-342-5860

Please sign below, stating that you have read and understand the Safety Policy Statement and the Managed Care arrangement for Workers' Compensation with related grievance procedures.

Employee Signature: _____

Printed Name: _____

Date: _____

General Safety Rules

1. Job safety is the responsibility of each individual employee. Job safety is often applying common sense to a situation. Use good common sense and stay alert in the job and at all times.
2. All injuries, no matter how slight, must be reported to your supervisor immediately.
3. Submitting false or fraudulent information when reporting an injury is a felony crime and will be cause for dismissal and denial of medical wage loss benefits.
4. Employees under the influence of drugs or alcohol on the job will be subject to immediate discharge. Employees taking prescribed medication should advise their supervisor prior to the start of a shift.
5. If you feel ill or emotionally upset due to personal problems, discuss your situation with your supervisor before starting/continuing work.
6. Report any unsafe condition to your supervisor immediately, regardless of whether the unsafe condition directly affects you.
7. If at any time you are not sure how to perform the job you have been asked to do, **STOP AND CHECK WITH YOUR SUPERVISOR**. This is for your safety and for that of your fellow workers.
8. Do not start or operate any equipment without the proper authority and safety instructions. Never operate a piece of equipment when guards or other safety devices are not in place.
9. Do not attempt to repair or tamper with equipment that is not working properly. Report the condition to your supervisor immediately.
10. Any employee who is furnished safety equipment will be required to use such equipment.
11. Good housekeeping practices should be followed at all times. Housekeeping includes, clean tools, dry floors, neat work areas, and properly arranged materials.
12. Use the correct method of lifting objects. Lift with your legs, not your back. If a load is too heavy or awkward, ask for assistance.

13. All electrical power tools and cords must have an operational third wire positive ground. Electrical tools and cords without positive grounding should not be used. Double insulated tools must be so marked.
14. Do not use flammable liquids, toxic materials, chemicals or acids unless authorized and instructed in the proper procedures.
15. All employees who drive or are passengers while on company business must wear their seatbelts at all times.
16. Obey all safety and warning signs at all times.

I have read these rules (or have had them read to me), understand them and will obey them for my own benefit.

Signature of Applicant

Date

Supervisor Signature

Date

.....

Where injury is caused by the knowing refusal of the employee to use a safety appliance provided by the employer, workers' compensation benefits can be reduced by 25 percent (Florida Statute 440.09 (5)).

Medical History Questionnaire

(For Applicants Who Have Received Conditional Job Offers. The applicant must sign the statement as found on this page before completing the following Medical Questionnaire.)

I herewith affirm that the employer has made me an offer of employment, conditioned on the satisfactory completion of this questionnaire and, if necessary, within the sole discretion of the employer, a medical examination. The purpose of this inquiry is to determine whether I currently have the physical or mental qualifications necessary to perform that job the has been offered, whether and what accommodations may be necessary, whether I can perform the job without posing a direct threat to the health or safety of myself or others and for the purposes and the reasons as stated on the attached questionnaire.

This information will be kept confidential in a separate medical file, apart from my personnel file. I herewith affirm that the questionnaire have not been asked of me by anyone with the employer until I have signed this statement and been offered a job.

Name: _____

Social Security Number: _____

Signature: _____

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Conditional Employment Entrance Medical Questionnaire

only fill out this form if you are being hired as a driver or require special accommodation

1. Have you ever had or been treated for any of the following conditions or diseases?

| | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| Epilepsy | _____ | _____ |
| Diabetes | _____ | _____ |
| Cardiac Disease (heart trouble) | _____ | _____ |
| Marie Strumpell Disease (arthritis of the spine) | _____ | _____ |
| Amputation of foot, leg, arm, or hand | _____ | _____ |
| Total loss of sight of one or both eyes or a partial loss of corrected vision of more than 75 percent bilaterally | _____ | _____ |
| Residual disability from poliomyelitis (polio) | _____ | _____ |
| Cerebral Palsy..... | _____ | _____ |
| Multiple Sclerosis..... | _____ | _____ |
| Parkinson's Disease..... | _____ | _____ |
| Vascular Disorder..... | _____ | _____ |
| Psychoneurotic disability of the following treatment in a recognized medical or mental institution for a period in excess of 6 months..... | _____ | _____ |
| Hemophilia | _____ | _____ |
| Chronic Osteomyelitis (bone infection) | _____ | _____ |
| Ankylosis (instability) of a major weight bearing joint | _____ | _____ |
| Hyperinsulinism (low blood sugar)..... | _____ | _____ |
| Muscular Dystrophy | _____ | _____ |
| Thrombophlebitis (inflammation of a vein w/a blood clot..... | _____ | _____ |
| Herniated intervertebral disk (slipped disk) | _____ | _____ |
| Surgical removal of an intervertebral disk or spinal fusion | _____ | _____ |
| Total Deafness | _____ | _____ |
| Mental Retardation | _____ | _____ |
| Any permanent physical condition which constitutes a 20 percent impairment of a member or of the body as a whole | _____ | _____ |
| Rheumatic Fever..... | _____ | _____ |
| High Blood Pressure..... | _____ | _____ |
| Varicose Veins or leg ulcer | _____ | _____ |
| Chest Pain..... | _____ | _____ |
| Tuberculosis | _____ | _____ |

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| Allergies | _____ | _____ |
| Hay Fever or asthma..... | _____ | _____ |
| Skin Trouble..... | _____ | _____ |
| Reaction to serum or drug | _____ | _____ |
| Kidney or bladder trouble..... | _____ | _____ |
| Ulcers..... | _____ | _____ |
| Head Injury..... | _____ | _____ |
| Cancer..... | _____ | _____ |
| Dizziness or fainting spells..... | _____ | _____ |
| Arthritis or rheumatism | _____ | _____ |
| Knee Injury..... | _____ | _____ |
| Backache | _____ | _____ |
| Shoulder Injury..... | _____ | _____ |
| Alcoholism | _____ | _____ |
| Drug Addiction..... | _____ | _____ |
| Severe Headaches..... | _____ | _____ |
| Chronic Cough | _____ | _____ |
| Shortness of breathe | _____ | _____ |
| Nervous Breakdown | _____ | _____ |
| Mental Illness, psychiatric treatment or professional counsel | _____ | _____ |

2. Please list any condition or diseases for which you have been treated in the past 3 years. If no treatment has been provided, state "none."

3. Have you ever been hospitalized? If so, for what condition? If you have not been hospitalized, state "no."

4. Have you ever been treated by a physician or psychologist? If so, for what condition? If no such treatment has been received, state "none."

5. Have you ever been treated for any mental condition? If no such treatment has been received, state "none."

6. Is there any health related reason you may not be able to perform the job for which you are applying? If yes, please explain.

7. Have you had any major illnesses in the last 5 years? If no, state "none."

8. How many days were you absent from work because of illness last year? If none, state "none."

9. Do you have any physical defects that will preclude you from performing certain kinds of work? If yes, describe such defects and specific work limitations. If none, state "none."

10. Do you have any disabilities or impairments that may affect your performance in the position for which you are applying?

11. Are you taking any prescribed drugs? If yes, state the medication and the reason for taking it. If no medications are being taken, state "none."

12. Have you ever been treated for drug addiction or alcoholism? If yes, identify the medical care provider and dates of treatment. If no treatment has been provided, state "none."

13. Have you ever filed a Worker's Compensation claim?

Witness

Signature of Applicant

Witness

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Vehicle Identification

For the sake of safety and accountability, we are requesting all Academy employees provide the following information regarding the vehicle(s) they will be driving to and from work. Also, please sign below to acknowledge this information and to verify the parking space you have recently been assigned. Turn in completed forms to Accounting and again, thank you for your cooperation.

Employee Name: _____
(print last name, first name)

Position: _____ Space: _____

Principle Days/Hours of Employment: _____

Vehicle Make/Model: _____

Vehicle Year: _____ Color: _____

Vehicle License Tag (State & Number): _____

Emergency Contact: _____

Phone/Fax: _____

Signed: _____
(Employee Signature)

Direct Deposit Authorization

Florida Prep Academy

1950 S. Academy Drive

Melbourne, FL 32901

(321) 723-3211 Phone (321) 676-9548 Fax

Name _____ Social Security Number _____
(Please print)

New Change Stop Account Type: Checking Savings

Institution Name _____ % of net check **or** \$ _____

Bank Routing/Transit Number: _____

Account Number: _____ Institution phone # _____

New Change Stop Account Type: Checking Savings

Institution Name _____ % of net check **or** \$ _____

Bank Routing/Transit Number: _____

Account Number: _____ Institution phone # _____

* NOTE: Direct deposits become effective the **SECOND PAYCHECK** after this

form is received by the FPA Payroll Office.

*** When TRANSFERRING direct deposits between banks you will receive one “cashable check”**

I authorize Florida Prep Academy to start crediting my account(s) at the financial institution(s) listed above for the purpose of automatically depositing funds as indicted above.

I understand that if my account(s) at the financial institutions(s) listed above have been changed or closed, I must inform the FPA Payroll Office in writing. ***FPA is unable to refund rejected monies until they are credited to the FPA payroll account.***

Signature

Date