

D.D. Lester and Associates, Inc.
Corporate Office - 720 S.E. 9th Place
Mailing address - P.O. Box 763
Gainesville Florida 32602

You should include this Notice in any application for employment. The Notice should also be posted in an appropriate and conspicuous location on the premises and made available for inspection by the general public during regular business hours in your personnel office.

NOTICE TO APPLICANTS

D.D. Lester and Associates, Inc. (The Company) has established and maintains a Drug Free Workplace Program. This Drug Free Workplace Program is in conformity with chapter 440.102, Florida Statute, its implementing regulations and Federal Law.

As Part of this program, offers of employment are expressly conditioned upon passing a drug test. In addition, employees of the Company may be subject to drug testing under those conditions outlined in the Company's Drug and Alcohol Policy Statement.

For persons receiving a conditional offer of employment, failure of a drug test or refusal to submit to drug testing when required by the Company shall terminate any job offer. For employees, failing a drug test or refusing to submit to a drug test will result in action against an employee up to and including termination of employment.

Persons receiving a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer (MRO) the use of prescription or non-prescription medication both before and after being tested. Additionally, job applicants shall receive a list of common medications which may alter or affect a drug test. Job applicants will be given the names, addresses, and telephone numbers of local alcohol and drug rehabilitation programs.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within five (5) business days after written notification of the test result. A job applicant will also have an opportunity to request a retest at the job applicant's expense. If a job applicant's explanation or challenge is unsatisfactory the applicant may contest the drug test results pursuant to rules adopted by the Department of Labor and Employment Security of the Agency for Health Care Administration. The job applicant also has responsibility to notify the laboratory or clinic conducting the drug test of any administrative or civil action brought involving the drug test conducted by that laboratory or clinic. The job applicant also has the right to consult the testing laboratory or clinic for technical information regarding prescription and non-prescription medication. In addition, each job applicant will be given a list of substances to be tested prior to administration of the drug test. All test results will remain confidential except as allowed by law. The Company will provide all job applicants with a copy of the company's Drug and Alcohol Abuse Policy Statement prior to admission of a drug test.

Nothing in this Notice will affect these rights provided for by any collective bargaining agreement between the company and its employees. Refusal to read and sign this document will result in a withdrawal of any offer of employment.

This form should be completed at the same time of the employment application.

Company Name: D.D. Lester and Associates, Inc.

Applicant's Signature: X _____

APPLICATION FOR EMPLOYMENT

Florida Employers Insurance Service Corporation is an Equal Opportunity Employer

Valid for only 180 days

Position(s) Applied for: _____ Salary Desired _____

Name: Last First MI SS # Date

Present Address: Street City/State Zip code Phone #

Please answer all questions. Resumes are not accepted in lieu of completion of this application.
Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions.

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment.
Can you upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? Yes No

Have you been convicted of any crime within the past 5 years? Yes No
If **Yes**, give dates and explain. (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment. _____

Do you have a **Valid Drivers License**? Yes No License # _____

Is this a Florida Drivers License? Yes No Are you over 18 years of age? Yes No

EDUCATION BACKGROUND

High School

School Name Address City, ST, and Zip
of Years Completed Degree Major Study

College

School Name Address City, ST, and Zip
of Years Completed Degree Major Study

Graduate School

School Name Address City, ST, and Zip
of Years Completed Degree Major Study

Other

School Name Address City, ST, and Zip
of Years Completed Degree Major Study

Other skills: List any other job-related skills, qualifications, or licenses that support your application.

Honors Received: _____

In order to permit a check of your work and educational records, please make us aware of any changes of or assumed names you previously used. _____

CHARACTER REFERENCES

List three persons not related to you, whom you have known at least one year.

Name	Address/Telephone	Occupation
Name	Address/Telephone	Occupation
Name	Address/Telephone	Occupation

List below any other information or remarks that you wish to have considered as a part of you application for employment. _____

How did you hear about this job? _____

Have you filed an application here before? Yes No If **Yes**, give date: _____

Have you ever been employed here before? Yes No If **Yes**, give date: _____

NOTICE TO APPLICANTS

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. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, in accordance with Florida Statute 443.121 (3)(a)(2), if hired, I will be placed on a 90 day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90 day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____ (initials)

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of D.D. Lester & Assoc., Inc. with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the president. _____(initials)

I understand that I may be required to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-employment process. In addition, all employees are subject to blood and/or urinalysis screening for drug or alcohol use. _____(initials)

I certify that all information given on this employment application; any resume that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand that D.D. Lester & Assoc., Inc. will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any investigation. _____ (initials)

Applicant's Signature: X _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release to following information to D. D. Lester and Associates, Inc. for the purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

X _____
Applicant's Signature Date

- 1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 911-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
- 2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

X _____
Requestor's Signature Date

To: _____

To Whom It May Concern:

The following named person has made application with our company for the position of _____ . As in accordance with section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant _____

Address _____

Former Address _____

Date of Birth _____ Social Security Number _____

License Number _____

Requested by:

D.D. Lester and Associates, Inc.
Company Name

Janet L. Hoeft, Vice President
Name & Title

P.O. Box 763
Address

Gainesville, FL 32602
City, ST, Zip code

X _____
Applicant's Signature