



Light industrial, warehouse, manufacturing, clerical

**STATE AND FEDERAL LAW PROHIBITS DISCRIMINATION BASED ON AGE, SEX OR NATIONAL ORIGIN**

**Equal Employment Opportunity Statement:** The company is committed to complying with the Americans With Disability Act. If you believe that you need a reasonable accommodation in order to apply for a job or complete an application for employment due to the fact that you have a disability, please notify the company within three days of your application of your specific needs for a reasonable accommodation so that the company can assist you where appropriate. If an applicant requests an accommodation for purposes of completing the job application process, the company reserves the right to require the applicant to furnish documentation from an appropriate professional (e.g. a doctor, rehabilitation counselor, etc.) confirming that the applicant has a disability or concerning their functional limitations for which a reasonable accommodation is requested.

**AN EQUAL OPPORTUNITY EMPLOYER**

NAME: (Last, First, Middle)			HOME TELEPHONE NUMBER		ALTERNATE TELEPHONE NUMBER		
ADDRESS: (Street, City, State, Zip Code)					HOW DID YOU HEAR OF US?		
IN CASE OF EMERGENCY, PLEASE NOTIFY—NAME			ADDRESS		TELEPHONE NUMBER		
HAVE YOU OR WILL YOU ACQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS <input type="checkbox"/> Yes <input type="checkbox"/> No		HAVE YOU BEEN CONVICTED OF AN ADULT FELONY CRIME WITHIN THE PAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES <input type="checkbox"/> Yes <input type="checkbox"/> No		IN ANSWERING THIS QUESTION, YOU ARE NOT OBLIGATED TO DISCLOSE SEALED, ANNULLED, OR EXPUNGED CONVICTIONS, OR CONVICTIONS THAT WERE PARDONED BY THE GOVERNOR. IF YES, PLEASE LIST DATES, PLACE, COURT AND ACTION TAKEN.					
<input type="checkbox"/> AVAILABLE FOR LONG-TERM ASSIGNMENT <input type="checkbox"/> WILL ACCEPT SAME-DAY ASSIGNMENT <input type="checkbox"/> TEMPORARY TO PERMANENT WORK ONLY		An adult felony conviction will not necessarily be a bar to employment; rather, such information is only relevant in determining whether the conviction is directly related to the job to which you are applying. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Failure to honestly answer this question will result in discontinued consideration of the application or termination of employment.					
<b>SOFTWARE PACKAGES</b> <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Word <input type="checkbox"/> Outlook <input type="checkbox"/> Powerpoint		<b>CLERICAL</b> <input type="checkbox"/> General Office <input type="checkbox"/> Telemarketing <input type="checkbox"/> Customer Service		<b>TYPING</b> Speed _____		<b>WHICH DAYS ARE YOU AVAILABLE TO WORK FULL TIME?</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
				<b>AVAILABLE SHIFTS</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		<b>AVAILABLE TIMES</b> _____ to _____ <input type="checkbox"/> A.M. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> P.M.	
		<b>DATA ENTRY</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>RECEPTIONIST</b> # of Lines _____ # of Extensions _____		<b>BOOKKEEPING</b> <input type="checkbox"/> Accts payable <input type="checkbox"/> Accts receivable <input type="checkbox"/> Reconciliations <input type="checkbox"/> Payroll Taxes	
FOREIGN LANGUAGE SPEAK <input type="checkbox"/> Yes <input type="checkbox"/> No		READ <input type="checkbox"/> Yes <input type="checkbox"/> No		WRITE <input type="checkbox"/> Yes <input type="checkbox"/> No		WHAT LANGUAGE DO YOU SPEAK?	
PREVIOUS EMPLOYMENT From To		NAME OF EMPLOYER		TELEPHONE NUMBER OR STREET ADDRESS		NAME OF LAST IMMEDIATE SUPERVISOR	
						PAY PER HOUR	
						POSITION	
						REASON FOR LEAVING	
EDUCATION		NAME OF SCHOOL		DEGREE		YR. OF GRAD.	
<input type="checkbox"/> High School							
<input type="checkbox"/> College							
<input type="checkbox"/> Business or Other							
HAVE YOU EVER WORKED FOR OR APPLIED WITH A TEMPORARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please list the name and address of the firms at which you worked as a temporary.							

- 1) I understand that the company is not obligated to provide employment, and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of the time regarding employment.
- 2) The information contained in this application, on my resume and in all other employment documents which I have submitted to the company is true, correct and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact, as stated or implied, in my application, resume, other employment documents or during my interview(s) are sufficient reason for not hiring me and/or my dismissal.
- 3) I understand and agree that all information furnished in this application may be verified by the company or its authorized representative. I waive any right I may have to be notified by any individuals and organizations named in this application prior to the release of any information to the company. I further authorize all individuals and organizations named in this application to give the company all information relative to such verification. I hereby release such individuals and organizations and the company from any and all liability for any claim or damage resulting therefrom.
- 4) I agree if employed by you, that if ever I make claims against you for personal injuries, upon your request I shall submit to drug screens and examinations by physicians of your selection.
- 5) I understand that, if hired, I am required to abide by all rules and regulations of the company and to comply with all policies and procedures in the employee handbook, any policy and procedure manual or other communications to employees. I understand that the company's policies and procedures are subject to modification at any time without notice.
- 6) I further understand that I must reapply if I am not hired within ninety (90) days of the date of this application if I wish to be considered for employment with the company.
- 7) I hereby acknowledge that I have read, understand and agree with all of the above-stated information.

SIGNATURE: \_\_\_\_\_

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

## REFERENCES:

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

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

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RELEASE OF CLAIMS AGAINST CUSTOMERS

I am either a temporary worker for US Staffing, Inc. or am applying for temporary work assignments with US Staffing, Inc.

I understand that US Staffing, Inc. provides temporary workers for its customers to work at the customers' project sites. In accepting any work assignment, I acknowledge that I am a temporary employee of US Staffing, Inc. and am not an employee of the Company's customer.

If I am ever injured in the course of my work for US Staffing, Inc., I agree that I will look only to US Staffing, Inc. Worker's Compensation coverage and not to US Staffing, Inc.'s customer for any recovery. For myself, and on behalf of my heirs, executors, personal representatives and assigns, I waive, release and forever discharge any claim(s) that I may now have or that may later accrue against any customer of US Staffing, Inc. which directly or indirectly arises out of any injuries which may occur to me while on temporary work assignment for US Staffing, Inc.

In signing this Release, I understand that I am not waiving or releasing any claim(s) which I may have against the Worker's Compensation coverage provided by US Staffing, Inc.

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## NOTES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_