



APPLICANT'S CHECKLIST

Print Your Name: _____

ALL INFORMATION NEEDS TO BE COMPLETED

Date of Application: / /

THIS PART TO BE FILLED OUT BY FLEXSTAFF REP ONLY

PRE APPLICATION FORM _____

GENERAL EMPL REQ _____

SKILL SHEET _____

NAME, SSN & PRIOR EMPLOYMENT _____ Orientation Date _____

EDUCATION, REFERENCES & SKILLS _____ COPY OF ID _____

SUBSTANCE ABUSE POLICY _____

PROCEDURES AND POLICY _____

POLICIES AND PROCEDURES CHECKLIST _____

PRE EMPLOYMENT AUTH RELEASE _____

WELCOME TO FLEXSTAFF _____

INDUSTRIAL POST EMPL MEDICAL QUESTIONNAIRE _____

Comments: _____

TAX INFO:

W-4 _____

W-5 _____

I-9 _____

CRIMINAL BACKGROUND _____

DRUG SCREEN:

DID THE INDIVIDUAL PASS? ____ Yes ____ No

Comments: _____

FLEXSTAFF

STAFFING THAT WORKS

Pre-Application Form

Fill in this form completely so we can determine if you qualify for employment with FLEXSTAFF. Qualified applicants will fill out a complete application.

1. Personal Information

Name _____ DOB _____ SSN _____ - _____ - _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Message Phone _____

Emergency Contact _____ Telephone _____

Do you have a driver's license? _____ Yes _____ No License # _____ State _____

How did you hear about FLEXSTAFF? Newspaper Employment Department Friend / Relative FLEXSTAFF employee

Name of referring source _____

Have you ever been convicted or pled no contest to a crime? _____ Yes _____ No
(Note: A felony conviction will not necessarily disqualify you for work.)

Have you used illegal drugs in the last six months? _____ Yes _____ No

2. Work Preferences

Position applying for: _____

Do you prefer.... (mark one) _____ Part-time _____ Full-time _____ Occasional work (on call, certain days, etc)

What days are you available to work? (Circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What shifts are you available to work? _____ Days _____ Evenings _____ Nights

How long do you expect to work for FLEXSTAFF? _____ less than 2 months _____ 2-6 months _____ 6-12 months _____ 1 year +

Date available to start: _____ / _____ / _____ We pay minimum wage: _____ per hour

3. Skills, Work & Training Experience

Please check those areas in which you have actual paid work experience.

List Computer Programs Known	Typing WPM _____	Filing _____
	10 Key KPM _____	Phone Answering _____
	Telecommunications _____	Customer Service _____

I declare that the information above is true and accurate to the best of my knowledge. I understand that falsifying may result in withdrawal of any job offer and termination of employment.

Signature _____

Date _____

Prior Employment

Instructions: The completion of this application is an important step in our consideration of your employment opportunities with FLEXSTAFF. Please print all information legibly. If you need assistance completing this form, please ask a FLEXSTAFF representative. FLEXSTAFF is an equal opportunity employer. It is our policy to comply and support all applicable federal, state, and local laws prohibiting discrimination.

Prior Employment: Please provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in the section below.

Last Employer first

Employer Name & Address	Telephone Number	Employment FROM	TO	Duties & Responsibilities
Address	City, State & Zip Code	Supervisor Name & Phone #		May we contact previous employer YES NO Reason why not
Job Title	Reason for leaving		Hourly Wage \$	
Employer Name & Address	Telephone Number	Employment FROM	TO	Duties & Responsibilities
Address	City, State & Zip Code	Supervisor Name & Phone #		May we contact previous employer YES NO Reason why not
Job Title	Reason for leaving		Hourly Wage \$	
Employer Name & Address	Telephone Number	Employment FROM	TO	Duties & Responsibilities
Address	City, State & Zip Code	Supervisor Name & Phone #		May we contact previous employer YES NO Reason why not
Job Title	Reason for leaving		Hourly Wage \$	

Education

School Name & Location	Years Completed	Diploma/ Degree	GPA	Major

List any technical or job related certifications

Skills, Work, & Training Experience

References Professional

Name	Telephone Number	Number of years known

Authorization: I certify that the facts set forth in this employment application are true and accurate to the best of my knowledge. I understand that if I am employed, false or inaccurate information or representation may result in withdrawal of a job offer or termination, even if discovered at a later date. I hereby authorize FLEXSTAFF and or/its agents to confirm information contained in this application and to release information, including my work history, and their discretion to representatives of FLEXSTAFF and or its clients at "at will" which means that either FLEXSTAFF or I can terminate the employment relationship at any time, with or without prior notice, and for any reason. As a condition of employment by FLEXSTAFF and assignment to a client company, I may be required to submit to a drug screen.

Signature _____

Date _____

Employment Criminal Background Release Form

In connection with my application for employment or promotion, I understand and agree that background inquiries may be requested by you on your behalf that will seek information as to my character and/or work habits. This may include oral assessment of my job performance, my experiences and abilities, along with reasons for termination of past employment. Further, I understand and agree that you may request information for various federal, State, and other agencies-including public and private sources-that maintained records of my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, and education background, as well as workmen's compensation injuries and other experiences.

Medical and worker's compensation information will only be requested in compliance with the Federal Americans with disabilities Act (ADA) and any applicable state laws. I understand this information is for the purpose of making certain I am not assigned a job function that could aggravate injury or illness and will be checked only after a conditional offer of employment has been extended. If so, I will be notified and be given the name of the agency or the source of the information.

- I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.
- I hereby authorize and direct FLEXSTAFF, its agents, and assigns to obtain any and all information regarding my pre-employment criminal history.
- I understand that criminal background check results will be kept in a confidential file in the FLEXSTAFF office or if applicable, by the agency processing my clearance. I am being advised now that upon separation from FLEXSTAFF all my criminal background findings will be destroyed.

PLEASE PRINT ALL INFORMATION

First Name	Middle Name	Last name
Drivers License or ID # / State	SSN	States lived in the past 7 years
Gender Male _____ Female _____	Height	DOB
Current Address	City/State/Zip Code	Ethnicity (Circle One) Black (not Hispanic) Asian/Pacific Islander White (not Hispanic) Hispanic

List any other names you have used:

Signature of Applicant	Date
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Signature of FLEXSTAFF representative	Date
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Substance Abuse Policy:

FLEXSTAFF is committed to providing a safe and productive working environment for its employees and excellent service to its customers. Because FLEXSTAFF believes that if an employee has drugs or abuses any other intoxicants in his or her system during working hours it interferes with those commitments, FLEXSTAFF has adopted the following policy:

1. As used in this policy, "drug of abuse" means alcohol, marijuana, cocaine, amphetamines, barbiturates, uppers, downers, hallucinogens, LSD, PCP, peyote, narcotics, heroin, morphine, or any other drug which is illegal or which is designed by law as a controlled substance.
2. The use, sale, transfer or possession of any drug of abuse or any drug paraphernalia at any time during any period of employment at the FLEXSTAFF premises or at any employment premises is strictly prohibited.
3. Employees are prohibited from reporting to work with any drug of abuse in their system, whether or not they remain under the influence of such drug abuse.
4. Every employee is required to comply with any substance abuse policy of any customer of FLEXSTAFF for whom such employee performs labor.
5. Employees should report to their immediate supervisor if:
 - a.) They are under the care of a physician for a condition or
 - b.) They use any prescription or over-the-counter medication which may inhibit their ability to effectively perform job duties, or which may be detected on any drug screen.
 - c.) Employees may be required to provide medical authorization to work if requested.
6. As a condition of employment, all employees must submit to a drug screen when requested, complete related paperwork, and participate and cooperate fully in specimen collection procedures. Violation of this requirement may result in disciplinary action up to and including termination. _____ Init
7. Some clients of FLEXSTAFF request evidence of negative drug tests for workers obtained from FLEXSTAFF. By signing this substance abuse policy, the undersigned hereby expressly agrees that FLEXSTAFF may provide copies of any drug test reports (in which the employee tested negative for all drugs of abuse) to any client of FLEXSTAFF.

8. Drug testing will be required in the following situations:
 - a.) Pre-employment, as part of the application process.
 - b.) When there is reasonable suspicion, as determined by FLEXSTAFF, that an employee may be in violation of this policy.
 - c.) When an employee has been involved in or caused an accident resulting in personal injury that requires more than simple first aid treatment.
9. Drug testing may be required, by the discretion of FLEXSTAFF management:
 - a.) When an employee has been involved in or caused an accident resulting in property damage.
10. An employee who has been terminated for testing positive for the presence of a drug or abuse may be eligible for re-hire upon re-qualification as determined by FLEXSTAFF.
11. Any breach of any of the policies herein set forth by any employee shall be grounds for discipline or termination.

The undersigned hereby agrees to abide by the above-stated substance abuse policy and consents to give urine specimens for testing for drug abuse in accordance with the said policy.

Signature

Date

PROCEDURES AND POLICY

IF YOU ARE INJURED ON THE JOB YOU MUST:

- Immediately inform your job site supervisor
- Immediately inform FLEXSTAFF
- Come into FLEXSTAFF within 24 hours to fill out an 801 form

IF YOU SEEK MEDICAL ATTENTION YOU MUST:

- Notify FLEXSTAFF
- Provide FLEXSTAFF with any and all documents pertaining to your injury, release for work, and future appointments with one business day after your scheduled appointment.
- Keep in contact with FLEXSTAFF

If you are assigned a light-duty job and fail to show up for an assignment you will be terminated.

Signature

Date

WELCOME TO FLEXSTAFF

We are pleased that you have chosen FLEXSTAFF as your employer. Our ability to provide our clients with a high level of service and you with excellent job opportunities begins with you!

Commitment – Commitment to our customers is your #1 priority. Please go directly to your assignment and cooperate fully with the supervisor.

Responsibility – Make sure you complete your assignment and the supervisor knows the status of your work. Respect the customer's property. Obtain a signed time ticket from the customer at the completion of your work.

Safety - FLEXSTAFF is concerned about your safety! Please obey all safety regulations.

If you walk off the job you will be terminated. _____ Init.

When you are assigned to a job we will tell you about:

- The type of work you will be doing
- Location, hours, and length of assignment
- The hourly pay rate
- Clothing and equipment needed

Getting paid – In order to get paid without delay, return your time ticket signed by the customer showing the hours you have worked.

- We are responsible for all mandatory payroll and Withholding taxes.
- You will be paid after completing your assignment
- Overtime is paid according to the laws regulating our office.
- Our work week is Monday to Sunday.
- **All time tickets from previous week must be in before 9:00 am Monday, or you will have to wait up to a week to be paid.**
- If you lose your time ticket, the customer must approve your hours worked with their signature.
- Unreturned equipment will be deducted from your paycheck.
- Falsifying time tickets will result in prosecution and immediate termination.

Helpful hints:

- Report all return assignments to a FLEXSTAFF representative before returning.
- If you have any problems or injuries on the job, call our office for assistance immediately.
- If you get lost on the way to a job, call for directions.

Signature

The following information is provided to help you recognize some of the unsafe conditions or work practices you may encounter when you work. Please follow all safety rules and instructions closely. This information could help prevent serious injury to your co-workers and possibly save a life.

Be alert while working:

- around moving machines and vehicles
- near known, potential fire hazards
- adjacent to an excavation
- near overhead lines or underground utilities
- with all materials and equipment

General Safety Procedures

- Do not get on ladders or scaffolding
- Listen to work instructions. If you don't understand the safety requirements for your job, ask your supervisor to explain them.
- Wear any safety equipment the job requires.
- Keep work areas free of debris and waste.

Do not operate any equipment without instructions from a FLEXSTAFF representative. If you receive authorization, please follow these guidelines:

- Do not operate equipment that needs repair.
- Check to make sure that no one will be injured before your start time.
- Never repair or adjust a machine while in operation.
- Never turn compressed air on anyone.
- Never get on or off any vehicle while it is in motion.
- If you must work close to moving equipment or street traffic, always use extreme caution.
- No one other than the operator shall ride on any equipment. Always fasten seat belts.

If you are hurt – In accordance with State and Federal Law, FLEXSTAFF provides Worker's Compensation Coverage for all its employees. As part of this coverage, each employee has an obligation to:

- Promptly report any accident to FLEXSTAFF.
- Follow the advice of medically trained personnel.
- Submit to a drug/alcohol test.
- Complete the Status Report form.
- Be available for light duty if authorized by your medical doctors.
- Contact FLEXSTAFF weekly if you are unable to return to work.

Date

POLICIES AND PROCEDURES

I understand that I am expected to complete any job assignment that I accept unless the work is unsuitable or unsafe. If I consider the job unsuitable or unsafe, I will call the FLEXSTAFF office immediately. **If I do not complete the assignment or walk off the assignment without authorization then FLEXSTAFF can assume I have voluntarily quit.** Initials _____

I understand that I am an employee of FLEXSTAFF, and only FLEXSTAFF or I can terminate my employment. When an assignment ends, I must report to the FLEXSTAFF office for my next assignment. Failure to do so or to accept my next job without reasonable cause or notice will indicate that I have refused available work. Initials _____

FLEXSTAFF has a very strict substance abuse policy and I have signed a consent form for submit to drug screening. I understand that failure to comply with this agreement will be grounds for my immediate termination. Initials _____

Once I have accepted a job, I must report to the FLEXSTAFF office to pick up a time ticket. Unless special arrangements have been made, I understand FLEXSTAFF will not recognize or pay for any hours worked by an employee in the absence of an individual time ticket signed by a client. Initials _____

If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact FLEXSTAFF as soon as possible so the client can be contacted and/or find a replacement. My failure to do so may be grounds for dismissal or indicate that I have voluntarily quit. If I sustain an injury on the job, I will inform the client and FLEXSTAFF immediately. FLEXSTAFF will coordinate with the client and myself the proper procedure for treatment and reporting of the incident. Initial _____

I understand and will comply with all safety rules and regulations explained to me in the FLEXSTAFF orientation. Orientation is a safety video you will watch on the first day, while you wait for your first assignment. Initials _____

I have read and fully understand the above statements regarding FLEXSTAFF policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and jeopardize my unemployment insurance benefits. Initials _____

Industrial Post-Employment Medical Questionnaire

All persons are required to furnish health condition information and, if necessary, submit to an examination by a company-designated physician. This will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

- | | | |
|--|-----------|----------|
| 1. Do you have any condition or have sustained injuries that would affect your capacity for the duties required without reasonable accommodations? | Yes _____ | No _____ |
| 2. Can you stand for long periods of time during your shift 8-12 hours? | Yes _____ | No _____ |
| 3. Can you bend or stoop regularly during the day? | Yes _____ | No _____ |
| 4. Can you work around dust and wear a respirator, if required? | Yes _____ | No _____ |
| 5. Can you wear proper safety equipment-hard hats, steel-toes boots, glasses, etc.? | Yes _____ | No _____ |
| 6. Can you grip, grasp, or twist using your hands and wrists regularly during your shift? | Yes _____ | No _____ |
| 7. Can you understand hazardous communication and safety information? | Yes _____ | No _____ |
| 8. Do you have back problems or have sustained any back injuries? | Yes _____ | No _____ |
| 9. Have you ever had any serious wrist problems, including carpal tunnel syndrome? | Yes _____ | No _____ |

I certify that the facts set forth are true and accurate to the best of my knowledge. I understand and accept that, if I am employed, false and inaccurate information or representation may result in the withdrawal of a job offer or termination of my employment, even if discovered at a later date.

Print your full name

Sign your full name

Date

Pre-Employment Inquiry Authorization Release

Donor's Name:	Name of witness:
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Reason for Drug Screen

- Pre-Employment**
- Random**
- For Cause**
- Post Accident**

On ____/____/____, the donor, after being properly identified, voluntarily submitted a urine specimen for the purpose of being tested for illegal drugs. The testing device used was the Roche Test cup. At the conclusion of the test, the donor specimen screened:

- Negative for illegal drugs
- Positive for amphetamines, cocaine, THC or morphine
- Positive, with the following cause:
 - Prescription drugs Treatment
- Inconclusive
- Sample has been shipped to the laboratory for further testing.

The above information is true and correct as stated.

Donor name(Print):	Donor Signature:
Collector's Name (Print):	Collector's Signature: