



APPLICATION FOR EMPLOYMENT

Please Print Legibly. Form Must Be Completed In Full.

Position Desired: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_
First Middle Last

Current Address \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ How Long? \_\_\_\_\_
Years/Months

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Social Security: \_\_\_\_\_
Area Code Number Area Code Number

Previous Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ How Long? \_\_\_\_\_
Years/Months

Have you ever worked for Staffease, Inc. or any of its subsidiary companies? [ ] Yes [ ] No

If 'Yes' provide dates & positions: \_\_\_\_\_

Do you have relatives or friends employed by Staffease, Inc or any of its subsidiary companies? [ ] Yes [ ] No

If 'Yes' provide names/relationships: \_\_\_\_\_

Have you ever used another name? [ ] Yes [ ] No Please provide any additional information relative to change of name, use of an assumed name, or nickname as necessary to perform a check on your work and educational record. \_\_\_\_\_

Have you ever been terminated or asked to resign from any position? [ ] Yes [ ] No

If 'Yes' provide circumstances: \_\_\_\_\_

May we contact your current/previous employer? [ ] Yes [ ] No If 'No' please explain why: \_\_\_\_\_

Is there anything you wish to avoid in a new position? \_\_\_\_\_

Please indicate any experience, special training and/or qualifications that you may have which you feel are relevant to the position for which you are applying: \_\_\_\_\_

If hired, can you submit proof of your legal right to work in the United States? [ ] Yes [ ] No

Do you have adequate transportation to and from work? [ ] Yes [ ] No

Are you bound by provisions of a Non-Compete, Proprietary or Confidentiality Agreement? [ ] Yes [ ] No

If 'Yes' provide details including term agreement: \_\_\_\_\_

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? [ ] Yes [ ] No



### RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present and/or previous employers in the chronological order, starting with your most recent employment. Be sure to account for all periods of time, including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional pages if necessary.)

**Present/Last Employer:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Area Code Number

**Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Your Title/Position:** \_\_\_\_\_  
Mo/Yr Mo/Yr

**Starting Pay:** \_\_\_\_\_ **Per** \_\_\_\_\_ **Ending Pay:** \_\_\_\_\_ **Per** \_\_\_\_\_

**Last Supervisor's Name:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Your Title/Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Area Code & Number

**Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Your Title/Position:** \_\_\_\_\_  
Mo/Yr Mo/Yr

**Starting Pay:** \_\_\_\_\_ **Per** \_\_\_\_\_ **Ending Pay:** \_\_\_\_\_ **Per** \_\_\_\_\_

**Last Supervisor's Name:** \_\_\_\_\_ **Title/Position** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Your Title/Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Area Code & Number

**Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Your Title/Position:** \_\_\_\_\_  
Mo/Yr Mo/Yr

**Starting Pay:** \_\_\_\_\_ **Per** \_\_\_\_\_ **Ending Pay:** \_\_\_\_\_ **Per** \_\_\_\_\_

**Last Supervisor's Name:** \_\_\_\_\_ **Title/Position** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Your Title/Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Please explain fully any gaps in your employment history. Attach additional sheets as necessary.**



### EDUCATION

*Please list details of your education. Please be as complete as possible. Attach additional sheets as necessary.*

**High School:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Highest Year Completed:** 9 10 11 12 **Extra-Curricular Activities:** \_\_\_\_\_  
Circle One

**College/University:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Years Completed:** 1 2 3 4 **Degree/Diploma:** \_\_\_\_\_ **Major/Course of Study:** \_\_\_\_\_  
Circle One

**Extra-Curricular Activities:** \_\_\_\_\_

**Graduate/Professional** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Years Completed:** 1 2 3 4 **Degree/Diploma:** \_\_\_\_\_ **Major/Course of Study:** \_\_\_\_\_  
Circle One

**Extra-Curricular Activities:** \_\_\_\_\_

**Trade/Other:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Course of Study:** \_\_\_\_\_

**Certificates:** \_\_\_\_\_

### PERSONAL REFERENCES

*Please list persons that know you well – not previous employers or relatives.*

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Yrs Known:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Yrs Known:** \_\_\_\_\_

APPLICATION WILL BE CONSIDERED ACITIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED REMAINS OPEN OR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME YOU MUST RE-APPLY.

***I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.***

\_\_\_\_\_

*Signature of Applicant*

*Date*



## APPLICANT'S STATEMENT AND AGREEMENT

In the event of my employment with Staffease, Inc., I will comply with all rules and regulations of Staffease, Inc. ("Employer"). I understand that Employer reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by Employer. Further, I understand that at any time after I am hired, Employer may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to Employer. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by Employer and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by Employer at any time and for any reason whatsoever, with or without good cause at the option of either Employer or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing signed by the Chief Executive Officer of Employer, or another individual who has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between Employer and the undersigned regarding the rights of Employer and the undersigned to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the undersigned and Employer.

I hereby acknowledge that I have read the above statements and understand the same. If you have any questions regarding these statements, please ask an Employer representative before signing.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS AND AGREEMENT.**

*Signature of Applicant*

*Date*



\*\*\*Employer's Copy\*\*\*

NOTIFICATION TO APPLICANT OR EMPLOYEE THAT A CONSUMER REPORT MAY BE OBTAINED

In compliance with the Federal Fair Credit Reporting Act (15 USC 1681 et seq) and the California Consumer Credit Reporting Agencies Act (Civil Code Section 1786, as amended September 2002, this notice is to inform you the Staffease, Inc. may obtain a consumer report, investigative consumer report, or other investigative reports in connection with your application for employment and for other employment-related reasons, including investigations of character, general reputation, personal characteristics and mode of living.

You are entitled to receive a copy of any consumer report, investigative consumer report or other investigative report obtained as a result of your signed authorization within three (3) business days of its receipt by the employer from a Credit Reporting Agency ("CRA"). You must check the box below and provide your mailing address in order to receive a copy.

You are entitled to receive a copy of any background reports based on a public records search including, but not limited to, records of criminal or civil court proceedings, bankruptcy proceedings or other similar records.

AUTHORIZATION TO OBTAIN CONSUMER REPORT

I certify that I have received a written notification that Staffease, Inc. ("Employer") may obtain my consumer report(s) or other investigative report(s). I authorize Employer to obtain such report(s) for use in connection with my application for employment and for other employment-related reasons.

I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that my directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby authorize Staffease, Inc. to contact any or all of my former employers and references to provide Staffease, Inc. with any pertinent information they may have regarding me.

- I hereby waive my right to receive copies of any and all reports that contain consumer and/or investigative information about me and are obtained by the Employer in connection with this Application for Employment.
I hereby request copies of any and all reports that contain consumer and/or investigative information about me and are obtained by the Employer in connection with this Application for Employment.

Signature and Date fields for the applicant.

Signature of applicant

Date

Applicant's address where copies of consumer reports and other investigative reports should be mailed:

Address lines for the applicant.

\*\*\*Employer's Copy\*\*\*



\*\*\*Applicant's Copy\*\*\*

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- I hereby request copies of any and all reports that contain consumer and/or investigative information about me and are obtained by the Employer in connection with this Application for Employment.

[Signature line]

Signature of applicant

Date

**Applicant's address where copies of consumer reports and other investigative reports should be mailed:**

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

\*\*\*Applicant's Copy\*\*\*