



## TRUSTED STAFFING SOLUTIONS EMPLOYMENT APPLICATION

**AN EQUAL OPPORTUNITY EMPLOYER** - The company does not discriminate on the basis of race, color, ancestry, religion, sex, national origin, age, sexual orientation, citizenship, marital status, disability, veteran status, or any other status protected by law.

### PERSONAL INFORMATION - PLEASE TYPE OR PRINT

Date _____			
Last Name _____		First Name _____	Middle Initial _____
Current Address: Street Address _____		City _____	State _____ Zip Code _____
Email Address (required) _____		Home Phone _____	Cell Phone _____
Previous Address: Street Address _____		City _____	State _____ Zip Code _____
Emergency Contact _____		Relationship _____	Phone _____

### POSITION

Position applying for: \_\_\_\_\_ Rate of pay desired: \_\_\_\_\_

If hired, what date can you start work? \_\_\_\_\_

Are you applying for: ☐ Full-time Work ☐ Part-time Work

What hours are you available for work? \_\_\_\_\_

What days are you available for work? ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday  
☐ Thursday ☐ Friday ☐ Saturday

Are you available for work on weekends or a flexible schedule? ☐ Yes ☐ No

Are you available to work overtime, if necessary? ☐ Yes ☐ No

### GENERAL INFORMATION

Have you applied to or worked for this company: ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Please list any/all other names you have been employed under: \_\_\_\_\_

Do you have any relatives or friends working at this facility? ☐ Yes ☐ No

If yes, provide name(s) and relationship:

Name _____	Relationship _____
Name _____	Relationship _____

If hired, can you present proof of your legal right to live and work in the United States? ☐ Yes ☐ No

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

Are you at least 18 years old? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

If no, describe the functions that cannot be performed: \_\_\_\_\_

(We will comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests)

### NOTE:

Applicants who receive a valid offer of employment will be required to pass a background check and E-Verify employment eligibility process.

**EDUCATION, TRAINING AND EXPERIENCE**

Name & Address of Schools	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational / Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Care Training		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you licensed/certified for the job applied for? ☐ Yes ☐ No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Has your license/certification ever been revoked or suspended? ☐ Yes ☐ No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement:

Describe any additional training you received relevant to the position(s) for which you are applying: \_\_\_\_\_

Do you speak, write or understand any foreign languages? ☐ Yes ☐ No

If yes, which language(s)? \_\_\_\_\_

**MILITARY SERVICE**

Have you obtained any special skills or abilities as a result of service in the military?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

**REFERENCES - Please list at least two (2) references who have been your direct supervisor. Example: DSD, DON, Admin, Staffer, etc**

	Name	Company & Title	Telephone Number
1.			( )
2.			( )
3.			( )

**EMPLOYMENT HISTORY - List all present and past employment for the past ten years, starting with your most recent employer. Account for all periods of unemployment.****YOU MUST COMPLETE THE EMPLOYMENT HISTORY SECTION EVEN IF ATTACHING A RESUME**

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your current employer? ☐ Yes ☐ No

Dates of employment: \_\_\_\_\_  
From To

Name of Employer

Telephone Number

Type of Business

Supervisor's Name

Street Address

City

State

Zip Code

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

**EMPLOYMENT HISTORY** - List all present and past employment for the past ten years, starting with your most recent employer.  
Account for all periods of unemployment.

Dates of employment: \_\_\_\_\_  
From To

Name of Employer Telephone Number

Type of Business Supervisor's Name

Street Address City State Zip Code

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of employment: \_\_\_\_\_  
From To

Name of Employer Telephone Number

Type of Business Supervisor's Name

Street Address City State Zip Code

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of employment: \_\_\_\_\_  
From To

Name of Employer Telephone Number

Type of Business Supervisor's Name

Street Address City State Zip Code

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of employment: \_\_\_\_\_  
From To

Name of Employer Telephone Number

Type of Business Supervisor's Name

Street Address City State Zip Code

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

**APPLICANT'S STATEMENT AND AGREEMENT**

\_\_\_\_\_  
Initials I understand that the Company may obtain consumer reports, consumer credit reports and/or investigative consumer reports about me, including a search of criminal records and verification of my education and employment history, in connection with this application or during my employment if hired. I have authorized or will be authorizing the obtaining of such reports.

(Check one) I ☐ waive ☐ do not waive the right to receive a copy of any public record (meaning a record of conviction, civil judicial action, tax lien, or judgment involving me) obtained directly by the Company without the use of any third party provider.

I hereby authorize all person or businesses contacted by or on behalf of the Company about me to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. I also authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding me. In addition, I hereby fully release the Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demand, or liability arising out of or in any way related to such investigations or disclosures.

\_\_\_\_\_  
Initials I understand that my employment and compensation is "at-will" and nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice. I understand that the President of the Company has the sole authority to make any agreement contrary to at-will employment, and such an agreement must be in writing, signed by the President, and expressly negate this at-will employment provision.

\_\_\_\_\_  
Initials I understand that all job offers are conditional, based upon satisfactory completion of a pre-placement health screen, and/or a drug and alcohol screen, and a background investigation.

\_\_\_\_\_  
Initials I understand that, if offered employment, the offer will be conditioned on my signing an agreement to arbitrate claims. By submitting this application, I am confirming my willingness to agree to binding arbitration.

\_\_\_\_\_  
Initials 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, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any 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. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

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

I certify that that I have read this entire application prior to signing it.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE – FOR FACILITY USE ONLY**

Interview By:		Date and Time:	
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp <input type="checkbox"/> On-call <input type="checkbox"/> Per Diem		
Start Date:	Rate of Pay:	Employee #	
Department:	Shift:	Job Title:	
Approved By:		Checked For Previous Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	