

EMPLOYMENT HISTORY (Begin with most recent) (DO NOT WRITE IN SHADED AREAS)													Ref	
Work Record										Duties		Pay	Reason for leaving	Check
FROM		TO		EMPLOYER										
ADDRESS				CITY				STATE		ZIP				
SUPERVISOR		PHONE						SOCIAL SECURITY #		DATE		SKILLS		
FROM		TO		EMPLOYER										
ADDRESS				CITY				STATE		ZIP				
SUPERVISOR		PHONE						SOCIAL SECURITY #		DATE		SKILLS		
FROM		TO		EMPLOYER										
ADDRESS				CITY				STATE		ZIP				
SUPERVISOR		PHONE						SOCIAL SECURITY #		DATE		SKILLS		

EDUCATION / TRAINING SUMMARY:					High School Graduate		Yes	No	GPA:		In case of emergency, notify:			
Apprentice / Vocational / Technical / Special		Dates		Skills/Trade/License		Completed		Yes		No	Degree/Certificate		Name	
College / Education / Graduate School		Dates		Skills/Trade/License		Completed		Yes		No	Degree/Certificate		Address	
													Telephone	
													Doctor to Notify	
													Telephone	


APPLICANT AGREEMENT

I affirm that the statements made on this application are true and complete. I authorize Personnel Plus to investigate any statement contained in any part of this application, and I understand that any false statement, omission of fact, or misrepresentation of facts on this application or other forms provided to Personnel Plus will be grounds for termination and recovery of potential damages from me. I hereby authorize Personnel Plus and also authorize and request each former Employer, (except as indicated) and any person, firm or corporation given as a reference, to answer all questions that may be asked and to give all information that maybe sought concerning me, my work, habits, character, skills, or actions in any transaction.

I understand that completing this application does not constitute an employment agreement between me and Personnel Plus. If I do receive a conditional offer of employment, I agree to answer a physical qualifications assessment to determine my ability to perform the essential functions of jobs in the categories for which I am applying, and I understand that I will not be accepted for employment until successful completion of this assessment. If I am accepted for employment with Personnel Plus, I agree to submit to a drug/alcohol screening test.

NOTICE: This employment application form will remain effective for one month.

Signature		Date
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DO NOT WRITE BELOW THIS LINE																	
CONDITIONAL OFFER OF EMPLOYMENT						POST-OFFER ELIGIBILITY DETERMINATION											
This person is eligible for Job assignments in the following categories:						This person is eligible for Job assignments in the following categories:											
<input type="checkbox"/> Clerical I		<input type="checkbox"/> Light Labor		<input type="checkbox"/> Medical		<input type="checkbox"/> Sales		<input type="checkbox"/> Clerical I		<input type="checkbox"/> Light Labor							
<input type="checkbox"/> Clerical II		<input type="checkbox"/> Medium Labor		<input type="checkbox"/> Management		<input type="checkbox"/> Technical /Professional		<input type="checkbox"/> Clerical II		<input type="checkbox"/> Medium Labor							
<input type="checkbox"/> Bookkeeper		<input type="checkbox"/> Heavy Labor		<input type="checkbox"/> CDL		<input type="checkbox"/> Other		<input type="checkbox"/> Bookkeeper		<input type="checkbox"/> Heavy Labor							
Conditional job offer not extended due to: <input type="checkbox"/> Availability <input type="checkbox"/> Skills <input type="checkbox"/> Other																	
Personnel Plus		Date		Applicant		Date		Personnel Plus		Date							
ORIENTATION: During my orientation with the Personnel Plus representative. I received the following:						Initial											
<input type="checkbox"/> Policies & Procedures Statement		<input type="checkbox"/> Welcome brochure		<input type="checkbox"/> OSHA Orientation		<input type="checkbox"/> Time Card		<input type="checkbox"/> Drug & Alcohol Testing Policy Statement									
EMPLOYEE AGREEMENT																	
I agree that my employment with Personnel Plus may be terminated at any time without liability to me for wages or salary except such as may have been earned at the date of such termination. I understand that my compensation from Personnel Plus shall be limited to the duration of any temporary assignment hereunder.																	
I agree that if at any time I sustain a work-related injury, I will submit myself to a drug/alcohol test and to an examination by a physician of the company's selection.																	
Signature						Date						PERSONNEL PLUS IS AN EQUAL OPPORTUNITY EMPLOYER.					

EMPLOYMENTAPPLICATION