

EMPLOYMENT APPLICATION

EMPLOYMENT, PERSONAL						EVALUATION RESULTS			
LAST NAME, FIRST NAME			PHONE #	MESSAGE #	SOCIAL SECURITY #	DATE		SKILLS	
ADDRESS			CITY	STATE	ZIP	<div>YES</div> <div>RESULTS</div>	EVALUATION RESULTS		
PERMANENT ADDRESS (if different)			CITY	STATE	ZIP		OSHA POLICIES	MATH I	
							WC-R	MATH II	
							STATE IDAHO	FILING	
							PQA	CLERICAL	
							DRUG TEST	COMPARISON	
							I9	GRAMMAR/PUNCT	
						W4	SPELLING		
							DATA ENTRY		
							WINDOWS		
						APPEARANCE	WORD		
						OUTSTANDING, GROOMING	BOOKKEEPING I		
						AVERAGE ATTIRE, GROOMING	BOOKKEEPING II		
						POOR, HYGIENE, GROOMING	TYPING		
						PERSONALITY	10 KEY		
						OUTGOING & PLEASANT	FORKLIFT		
						LIKEABLE	CASHIER		
						OBJECTIONABLE			
						ATTITUDE			
						FLEXIBLE & CONFIDENT			
						POLITE	OTHER		
						NERVOUS			
						IRRITATED			
						UNCOOPERATIVE	INACTIVATED DATE		
						INITIATIVE	COMMENT:		
						ASSERTIVE			
						CONTRIBUTES WILLINGLY			
						NEEDS PROMPTING			
						INDECISIVE			
Additional Information:									

EMPLOYMENT SKILLS INVENTORY - LABOR / INDUSTRIAL / CLERICAL / PROFESSIONAL	
EMPLOYMENT HISTORY (Begin with most recent) (DO NOT WRITE IN SHADED AREAS)	

Work Record, Most Recent:			Duties	Pay	Reason for leaving	Checked
SUPERVISOR	EMPLOYER	PHONE				
FROM	ADDRESS	STATE				
TO	CITY	ZIP				
Work Record, Second Most Recent:			Duties	Pay	Reason for leaving	Checked
SUPERVISOR	EMPLOYER	PHONE				
FROM	ADDRESS	STATE				
TO	CITY	ZIP				
Work Record, Third Most Recent:			Duties	Pay	Reason for leaving	Checked
SUPERVISOR	EMPLOYER	PHONE				
FROM	ADDRESS	STATE				
TO	CITY	ZIP				
EMERGENCY CONTACT INFORMATION			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.			
In case of emergency, notify:						
Address	Telephone					
Doctor to Notify	Telephone					

<div style="text-align: right;">Signature</div>				<div style="text-align: right;">Date</div>			
DO NOT WRITE BELOW THIS LINE							
Conditional job offer not extended due to:				Availability	Skills	Other	
CONDITIONAL OFFER OF EMPLOYMENT This person Is eligible for Job assignments In the following categories:				POST-OFFER ELIGIBILITY DETERMINATION This person Is eligible for Job assignments In the following categories:			
Clerical I	Light Labor	Medical	Sales	Clerical I	Light Labor	Medical	Sales
Clerical II	Medium Labor	Management	Technical /Professional	Clerical II	Medium Labor	Management	Technical /Professional
Bookkeeper	Heavy Labor	CDL	Other	Bookkeeper	Heavy Labor	CDL	Other
<div style="text-align: right;">Applicant</div>		<div style="text-align: right;">Date</div>		<div style="text-align: right;">Personnel Plus</div>		<div style="text-align: right;">Date</div>	
ORIENTATION: During my orientation with the Personnel Plus representative. I received the following: Initial_____							Personnel Plus, Inc. is an EQUAL OPPORTUNITY EMPLOYER
Policies & Procedures Statement		Welcome brochure	OSHA Orientation	Time Card	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 exceed 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					
							PLUS E Rev 12/25/08 Electronic Personnel Plus, Inc. - Application

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification.

To be completed and signed by employee at the time employment begins.

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #	
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____		

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification.

(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification.

To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification.

To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)