



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, gender, national origin, age, marital status, medical condition or disability or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL (PLEASE PRINT)			
Last Name	First	Initial	Social Security #
Address			Home Telephone # ()
City, State Zip Code			Business or Message # ()
Position Applied For	Referred By		E-mail Address
Have you ever been employed by the Company or its affiliates before? Yes No		If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by the Company or its affiliates? Yes No		If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old? Yes No		If under 18, do you have a valid work permit?	
Have you ever been convicted of a crime, excluding misdemeanors and traffic offenses? Yes No		If yes, list conviction(s). Please note a "yes" answer does not automatically disqualify an applicant for employment.	
Are you able to perform all of the essential functions and duties required of the position for which you are applying, with or without reasonable accommodation? (Please see attached job description or ask for a list of functions/duties.) Yes No If no, how would you perform these essential functions and duties, and with what accommodation(s)?			
In case of an emergency, please contact: Name: _____ Relationship: _____ Phone: _____			

EMPLOYMENT HISTORY (START WITH MOST RECENT EMPLOYER)			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

PLEASE SEE REVERSE

APPLICATION FOR EMPLOYMENT

EDUCATION		
NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DEGREE RECEIVED?
High School		
College/University		
Vocational/Other		
List Any Professional Designations:		
Other Special Knowledge, Skills, Qualifications or Certifications:		

TERMS AND CONDITIONS

- A. **Authorization:** The information listed above is complete and true to the best of my knowledge and belief. I acknowledge that any false statement or omission in answering the above questions may result in the rejection of my application or can result in immediate discharge and/or termination of employment. I hereby release the Company, previous employers, references and all persons contacted from any and all damages incurred while verifying the accuracy of the information provided. In consideration of my employment, I agree to abide by all Company rules and regulations. I acknowledge that, if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of the Company and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further agree that only the Company President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the employment-at-will relationship, and that such agreement or representation must be in writing and signed by both myself and the President of the Company in order to be effective.
- B. **Workers' Compensation Claims:** I shall report all work-related injuries and/or illnesses I receive, while on or related to work assignment, to the Company's Workers' Compensation Department as soon as possible following the incident. I understand that all processing of such claims will be done and that compensation due to me shall be paid by the Company's workers' compensation carrier. I will hold harmless any client of the Company from any claim which normally would be covered by workers' compensation if I was an employee of the client. I voluntarily acknowledge that my exclusive remedy will be under the Company's workers' compensation policy.
- C. **Trade Secrets:** The term "Confidential Information" means all information belonging to or used by the Company or its clients related to internal operations, procedures and policies, business strategies, pricing, billing information, personnel information, customer contacts, sales information, employee lists, technology, software source codes, programs, costs, marketing plans, developmental plans, computer programs and systems, security systems, and all other plans, proprietary information and trade secrets of every kind of character. Confidential information is the exclusive property of the Company and/or its clients. By virtue of being employed by the Company, certain Confidential Information has been and will be disclosed to me. These disclosures are made solely to assist me in the performance of my responsibilities. My right to use Confidential Information, and the extent thereof, is at the Company's sole discretion and such rights shall expire immediately upon the termination of my employment. I shall not, either during or after my employment with the Company, disclose any Confidential Information for any reason or purpose contrary to the interest of the Company or the client to which I am assigned. Upon termination of employment, I shall immediately return all property in my possession relating to the Company or the client's business.
- D. **Drug Testing and Physical Examinations:** It is our policy to maintain a work place that is free from the effects of both illegal drug and/or alcohol abuse. We may conduct drug testing of job applicants and employees. Should we offer you a position for employment, you may be contacted regarding a drug test. Refusal to take, altering the results of or failing the drug test will disqualify you from consideration or continuation of employment. I also acknowledge that if hired I may be required to submit to medical/physical examinations at the employer's discretion and expense.
- E. **Arbitration and Enforcement:** It is agreed that arbitration shall be the mechanism for bringing a legal claim against the Company and/or the Client for matters relating to employment discipline and/or termination. Arbitration must be commenced within one (1) year of the date the claim arises. If any portion of the Agreement is determined to be unenforceable or invalid, this Agreement shall still remain in full force and effect to the fullest extent allowable by law.
- F. **Health Deductions:** If enrolled in Group Health Insurance and my employment is terminated, for any reason, I agree to have the remaining health deductions withheld from my final paycheck for the month in which my employment was terminated if the Group Health Insurance automatically continues until the end of the month.

I have read each section of the Agreement and I accept the terms and conditions described.

Applicant's Signature _____ **Date of Signature** _____

WORK-SITE EMPLOYER USE ONLY	
Work-Site Location Name	Employee's Original Date of Hire / /
Employee's Job Title	Employee's Date of Hire with CoStaff / /
Employee's Department Name/Code	Workers' Compensation Code
Pay Information (Hourly Rate/Annual Salary/Commission/Other)	Full-Time/Part-Time
Authorizing Signature	Date