

PLEASE PRINT THE FOLLOWING INFORMATION: (For all Applicants)

Last Name: _____ First Name: _____ MI: _____

Other names you have used in the past 5 years. (Maiden name, nickname, alias, etc.): _____

Present Address: _____

Previous Address: _____

Social Security Number _____ - _____ - _____ Position Applying For: _____

Release Statement Certification (For All Applicants)

I hereby authorize Career Choices to make an independent investigation of my background for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualification for employment. This investigation may access records maintained by both public and private organizations. Information requested may include, but is not limited to:

- | | |
|--|-----------------------|
| Professional and personal references
(Consumer Reports) | Credit history |
| Past and current employment | Public records |
| Education | Motor vehicle records |
| Criminal and police records | Professional |
| Urine or blood tests to determine drug or alcohol use | Credentials |

I authorize any individuals or entities contacted during this investigation to give you any and all pertinent information they may have, personal or otherwise, and release all parties from any and all liabilities, claims or law suites in regard to the information obtained.

I understand that the complete and final results of Career Choices' investigation of my background may not be available to Career Choices before employment, if any, with the Company commences. I also understand that the results of Career Choices' investigation into my background may affect my employability or continuing employability.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Signed: _____
(Applicant)

Date: _____

Safety Policies and Procedures (Our Clients may consider a Temp-to-Hire solution, Please read the following.)

Your safety on an assignment is of the utmost importance to us, and we hope that you never suffer an injury while on the while on the job. If you do, report the injury **immediately** to your supervisor at the work site **and call Career Choices.**

It is important that we are informed about all injuries immediately so that we can assure that you are cared for. We are also required to complete a **Report of Injury** so that your claim may be processed and all benefits due you will be provided.

The law requires that you report an injury, **NO MATTER HOW SMALL.** This helps identify any unsafe condition in the work place. Report any unsafe condition.

1. You are responsible for the position to which you are assigned. Know what is required and follow safe work practices. If you are asked to do something which you do not feel is within your job assignment, call **CAREER CHOICES.**
2. **In no case are you to drive client's or your own vehicle to perform an assigned task.**
3. Use only office equipment with which you are familiar. Ask for assistance before using unfamiliar machines. If the equipment

is not working properly, report it to your supervisor. **DO NOT** attempt to fix or move any equipment.

4. Do not perform unsafe practices which could cause injury, such as standing on chairs, tables, or desks. Do not place items on floors which could endanger yourself or others.
5. Do not carry any heavy items; and when carrying bulky items, be sure you can see ahead.
6. If you are required to enter any type of production area, be aware of machinery and/or vehicles.
7. Always be aware of safety procedures when working with hazardous materials of any kind.
8. Ask the employer for their specific safety policies.

I hereby certify that I have read the foregoing **Safety Policy & Procedures** and understand the contents thereof. I realize that violation of the **Safety Guidelines** may be cause for immediate termination.

Signature: _____

Date: _____ (See Back....)

STATEMENT OF UNDERSTANDING

Please read the following information carefully. It contains information for which you are responsible. Any violation may result in immediate termination of your employment.

(You are entitled to receive a copy of this document after it has been signed, if requested).

1. **Employment (For All Applicants)**

I understand that if a **CLIENT** of Career Choices, or any of its affiliates, contacts me for employment (part-time, full-time, temporary, or permanent), within 180 days of the last date worked in that office, I will notify Career Choices. I also understand that I am an **employee of Career Choices (and not the client company), and that I will not be eligible for any benefits of the client company.**

I declare that I have carefully read all the above information and agree to abide by it. I acknowledge that I have received a copy of the Career Choices employee handbook. I agree that I will read its entire contents before beginning/continuing a temporary or temp-to-hire assignment and abide by all conditions and restrictions set forth therein.

2. **Scope of Work/Running Errands/Vehicle Use**

I understand that as a temp-to-hire or temp employee, my assignment is strictly only for office work for which I am qualified and for which has been explained by Career Choices as the job duties. **I will not use my own vehicle or client's vehicle to run errands** for said client. I also will not attempt to use any office equipment or machinery on which I have not had experience or training.

Signature

Date

2. **Confidentiality**

I understand that any information which I may obtain as a result of working in a temporary assignment is **strictly confidential** and will not be discussed with any person or persons outside the office. I also understand that I will be **held personally liable** for any action brought as a result of my disclosure of such information.

3. **Time Cards/Overtime/Paychecks**

(Temps or Temps to Hire only)

I understand that I am responsible for keeping track of my hours on a time card each day and having a company official sign it on the last day I work for that client in a particular week. I understand that **any overtime work MUST BE PRE-AUTHORIZED** by Career Choices. I understand that I must have my time card(s) in the office (by fax) of Career Choices by 9 a.m. on the Monday of the following week in order to be paid that week. **A signed time card by BOTH employee and client must be submitted before check will be released or mailed.**