

## **APPLICATION FOR EMPLOYMENT**

Name of Administaff Client	Company (	f applicable	and known)					
How did you hear about the	e position fo	r which you	are applying? _					
As part of	of the appl	ication pro	ocess, Admini	staff may	conduct back	ground checks o	n applicants.	
EQUAL OPPORTUNITY discrimination based so pregnancy, childbirth, potential status, por expression), medical prientation, or any other	solely on ohysical d registered condition	a personi isability, n domestic (including	's race, color nental disabili partner or civ g, but not limi	r, religiou ity, age, n vil union s ited to, ca	s creed, sex nilitary status status, gender ncer related o	s, national origin for status as a solution for cincluding sex solution or the sex solution of the sex solution of the sex solution of the sex sex sex sex sex sex sex sex sex se	n, ancestry, ovietnam-era of tereotyping a ed), genetic in fication exists	citizenship status, or special disabled nd gender identity nformation, sexual
— PLEASE TYPE OR PR	RINT IN INK	_				Today's	s Date	
First Name		MI	Last Name			Last 4	Digits of Social S	ecurity Number
Current Mailing Address						How lo	ng at current add	ress?
City				Соц	unty	State	ZII	P Code
Daytime Telephone		Home Telep	phone	E-n	nail Address	I		
Position for which you are a	applying	( )		Dat	e available for w	ork What is	your minimum s	alary requirement?
Check the following options  Full-Time Part-Tir  Are you subject to any type Company to which you have agreement.	ne	mporary		ployer or ent	ity that would re		ork at Administa	
EDUCATION & TRAINING	G							
		SCHOOL NA	AME	CITY	AND STATE	DEGREE/D MAJOR COURS		DEGREE RECEIVED?
High School								☐ Yes ☐ No
GED								☐ Yes ☐ No
Colleges*								☐ Yes ☐ No
Graduate School								☐ Yes ☐ No
Trade School								☐ Yes ☐ No
* Only list colleges or ur at http://ope.ed.gov/acc	creditation.	It is your re	esponsibility to	verify accre	ditation.			
List course work undertaked certificates/licenses that you				ccredited co	ollege, as well as	any other education	, training, specia	l skills or
Professional License/Certification # Professional License/Certification Tr		ation Type	rpe Issuing Agency		State Issued	Expiration Date		
Professional License/Certific			License/Certifica		pe Issuing Agency		State Issued	Expiration Date
List any machines, equipme		. •	n which you are o	qualified and	experienced in c	perating.		
List any languages that you speak fluently  List any languages that you read/write fluently								
If you are applying for a pos				le in the cou	rse and scope o	f the employment du	ties, please	☐ Yes ☐ No



# **GENERAL INFORMATION**

## **APPLICANT NAME**

					<del></del>				
	Can you, after employment, submit verification of your legal right to work in the United States?  Are you 16 years old or over?  No No Yes Age 16 17 18 or over								
	Were you previously employed by Administaff and/or the Administaff Client Company to which you are applying?  Yes No If Yes, give dates: From: (month/year)  To: (month/year)								
Ca	Can you perform the essential functions of the job?  Yes No List any relatives working for Administaff								
Ем	PLOYMENT HISTORY (Li	st all work experience beginning	with th	ne prese	ent or most recent jo	b. Use back of app	olication, if necessary).		
EMPLOYMENT HISTORY (List all work experience beginning with the present or most recent job.   Name of Employer							Type of Business		
_	Address			City		State	ZIP Code		
用									
JOB	Title		Telephone Nu	mber					
Address  City  Title  Name and Title of Supervisor  May We Contact? Employed From (month/year) Employed To (month/year)							Type of Employment		
REC	Traine and Thie of Capervio	o.					Part-Time Full-Time		
IOST	May We Contact?	Employed From (month/year)	Emp	loyed To	(month/year)	Last Salary			
2	∐ Yes ∐ No						\$		
	Brief Description of Duties					Reason for Lea	Reason for Leaving		
Name of Employer							Type of Business		
	A -l -l			Oite		01-1-	710.0-1-		
Address City						State	ZIP Code		
PREVIOUS EMPLOYMENT	Title					Telephone Nui	mber		
IOUS E	Name and Title of Supervisor					_	Type of Employment Part-Time Full-Time Last Salary		
PREV	May We Contact?   Employed From (month/year)   Employed To (month/year)   Tyes No								
Brief Description of Duties						\$ Reason for Lea	aving		
2.16. 2.36. p. 16. G. Zalied									
Name of Employer						Type of Busine	ess		
OYMENT	Address City					State	ZIP Code		
						Telephone Nui	Telephone Number		
SEN	Name and Title of Supervis	or				Type of Emplo	Type of Employment		
VIOU	no[					Part-Time Full-Time			
PRE	Name and Title of Supervisor  May We Contact? Employed From (month/year) Employed To  Yes No				(month/year)	Last Salary			
	Brief Description of Duties						Reason for Leaving		
	Name of Employer						Type of Business		
_	Address			City		State	ZIP Code		
MENJ	, tadi ooo			O.t.y		Olalo	211 0000		
PREVIOUS EMPLOYMENT	Title			Telephone Number					
US EN	Name and Title of Supervis	or				Type of Emplo			
EVIO	May We Contact? Employed From (month/year) Employed To (month/year)					☐ Part-Time ☐ Full-Time  Last Salary			
PR	Yes No	, 1,11 1 (,12)		,	· · · · · · · · · · · · · · · · · · ·	\$			
Brief Description of Duties						Reason for Leaving			

ADDITIONAL INFORMATION
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#### **APPLICANT NAME**

	Name of Employer					Type of Business	
MENT	Address			City	State	ZIP Code	
PREVIOUS EMPLOYMENT	Title		Telephone Number ( )				
IOUS E	Name and Title of Supervisor				Type of Employment Part-Time Full-Time		
PREV	May We Contact? Employed From (month/year) Emp			loyed To (month/year)	Last Salary \$		
	Brief Description of Duties					Reason for Leaving	
	Name of Employer		Type of Busin	Type of Business			
MENT	Address			City	State	ZIP Code	
PREVIOUS EMPLOYMENT	Title					Telephone Number ( )	
10US E	Name and Title of Supervisor					Type of Employment  Part-Time  Full-Time	
PREV	May We Contact? Employed From (month/year)			loyed To (month/year)	Last Salary \$		
	Brief Description of Duties	Brief Description of Duties			Reason for Le	eaving	

#### CRIMINAL RECORD INFORMATION (Instructions for answering the next two questions below):

- A. All Applicants. Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or deferred and withdrawn.
- B. District of Columbia, Illinois, and Rhode Island Applicants. Do not respond to the second question (regarding pending charges).
- C. California Applicants. Do not include: a misdemeanor conviction for possession or transportation of a small amount of marijuana (28.5 grams or less) if the conviction is more than two (2) years old; participation in any pretrial or post trial diversion program for drug or alcohol rehabilitation; or a misdemeanor conviction for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
- D. Colorado Applicants. Exclude information involving any record of civil or military disobedience unless such matters resulted in a plea of guilty or a conviction by a court of competent jurisdiction.
- E. Connecticut Applicants. You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are: records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs; an adjudication as a youthful offender; a criminal charge that has been dismissed or nulled (not prosecuted); a criminal charge for which the person was found not guilty; or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.
- F. Hawaii Applicants. Do not answer the following two questions.
- G. **Massachusetts Applicants.** Regarding convictions, exclude misdemeanor convictions more than five (5) years old and exclude a first offense for drunkenness, simple assault, speeding, minor traffic violation, affray, or disturbing the peace. Do not respond to the second question (regarding pending charges).

NOTE: An applicant with a sealed record on file with the Massachusetts commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant may answer "no record" to an inquiry herein relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

- H. Michigan Applicants. Regarding pending charges, limit your response to felony offenses.
- Utah Applicants. Regarding convictions, limit your response to felony convictions. Do not respond to the second question (regarding pending charges).

1. Convictions/Pleas. In the past ten (10) years, have you ever been convicted of, or pled guilty or no contest to, any criminal offense other than any applicable exceptions listed above?	☐ Yes ☐ No					
2. Pending Charges. Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial?	☐ Yes ☐ No					
CRIMINAL RECORDS:	,					
If you answered Yes to either of the above two questions, please provide the date(s) and describe that criminal record so the individual circumstances can be considered. Criminal convictions or arrests will not automatically disqualify an applicant from employment.						

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APPLICANT NA	M =

NAME	OCCUPATION/ASSOCIATION	TELEPHONE
1.		( )
2.		( )
3.		( )
	ink would be helpful to us in considering you for employment, su beived, etc. You may omit all information that would indicate age, se	
AGREEMENT (Please read the following	statement carefully).	
knowledge. I also agree that falsification	d on this application (and accompanying resume, if any) is true r significant omission of information requested in this application nployment and may be considered justification for dismissal if discovered.	or in the application process may
employment and education and any pertir	the accompanying resume, if any) to give Administaff any and all in ent information they may have, personal or otherwise, and releat may result from furnishing same to Administaff.	
	ave agreed that Administaff will provide workers' compensation insuree that my sole remedy lies in coverage under Administaff's worker	
include Administaff's Anti-Harassment Police any time, at the discretion of Administaff, the	npany, I agree to abide by the policies and procedures of Adminis 7. I further understand that my employment can be terminated, we client company or myself. I further understand that no manager of Administaff has any authority to enter into any agreement, oral curance or promise of continued employment.	vith or without cause or notice, at or representative of Administaff or
may include information regarding prior emp character, general reputation, personal char education, degrees, professional licenses procurement of a consumer and/or investion hired, at any time during my employment.	company may obtain a consumer and/or investigative consumer recognent, work experience and performance, reasons for employment acteristics, or mode of living. The report may also contain a record nd/or certification records depending on the position. By signing ative consumer report by Administaff as part of the pre-employme alifornia Applicants: I further understand that Administaff and/or its ckground investigation and that I may waive my right to receive a	t termination, and information as to s check of driving, criminal, credit, g this application, I authorize the nt background investigation and it client company may obtain Public
EMPLOYMENT, OR CONTINUED EMPLO	ER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF MENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DET GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT E	TECTOR OR SIMILAR TEST. AN
consent for a blood and/or urine sample to	icable law, I may be required to take a drug and alcohol screenin be collected from me and submitted for testing. I also consent to stand that any positive drug or alcohol result may preclude my empl	the release of the test results to
SIGN AND DATE THE FORM		
Applicant's Signature	Print Full Name	
	Last 4 Digits of Social Security Numbe	Date Signed