

PLEASE PRINT

APPLICATION FOR EMPLOYMENT

DATE: / /

*Lubbock Temporary Help***SERVICES, INC.****PERSONAL INFORMATION**

Last Name: _____ First Name: _____ Middle Name: _____

S.S.# ____/____/____ All Other Names: _____ Home Phone #: (____) _____ Cell Phone #: (____) _____

Are you a U.S. Citizen: Yes or No (if No, give your alien registration number:) _____ E-Mail Address: _____

Street Address: _____ Apt# _____ City: _____ State: _____ ZIP: _____

Emergency Contact Person #1: _____ Phone #: _____ Relationship to person #1: _____

Emergency Contact Person #2: _____ Phone #: _____ Relationship to person #2: _____

Do you wish to be considered for assignments that require drug and/or alcohol testing or screening? Circle YES NO

How did you hear of Lubbock Temporary Help Services, Inc.? _____

Have you ever worked for us before? _____ If so when? _____ What assignments were you sent on? _____

Do you have any relatives employed by Lubbock Temporary Help Services? Circle Yes or No If yes, who and where do they work? _____

Have you been convicted of, pleaded guilty to, received deferred adjudication or been on any form of diversion for any criminal offense misdemeanors and felonies? Circle Yes or No

If yes, please explain: _____

(NOTE: Prior to employment, applicant will be investigated as to convictions of prior criminal offenses. A prior conviction will not automatically disqualify an applicant for employment and will be considered only if it relates to the job applied for.)

For purposes of employment with Lubbock Temporary Help Services, Inc. convictions include: sentenced to confinement, paid fine, time served placed on probation, pre-trial diversion, Driving While Intoxicated, deferred adjudications or court-ordered restitution. Have you ever been convicted of a misdemeanor or felony? Circle Yes or No

I agree to immediately notify Lubbock Temporary Help Services, Inc. if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony. or any crime involving dishonesty of a breach of trust, while my application is pending or during my period of employment, if hired. Circle Yes or No: _____ (initials)

EDUCATION

EDUCATION	LAST SCHOOL ATTENDED		SCHOOL # 2		SCHOOL # 3	SCHOOL # 4
SCHOOL NAME						
CITY AND STATE						
DATES ATTENDED	FROM:	TO:	FROM:	TO:	FROM:	TO:
DEGREE (GED/MAJOR)						
OVERALL G.P.A.						
DID YOU GRADUATE?						

AVAILABILITYDays Available: M T W Th F Sat Sun Shifts Available: 1ST 2ND 3RD Date Available: _____ Preferred Hours: _____

Type of Work / Business Preferred: _____ Wage/Salary Preferred: _____ Mode of Transportation: Personal Auto Bus

May we contact you at work? CIRCLE YES NO Work Phone #: (____) _____

EMPLOYMENT AGREEMENT

TEMPORARY APPLICANTS - READ AND SIGN

TEMPORARY EMP/PAYMENT AGREEMENT: I affirm that the facts set forth in my application are true and complete to the best of my knowledge; that I shall ensure that such facts remain true and accurate for the duration of my employment with Lubbock Temporary Help Services, Inc. and that any false statements are grounds for my dismissal if I am offered employment. In addition to my affirmation of the facts set forth in this application. I hereby give my consent, permission and authorization by signing below, for any individual, company or institution to furnish Lubbock Temporary Help Services, Inc. (hereinafter referred to as L.T.H.S.), or its agents with any information concerning my employability which they have on record, or otherwise, and do hereby release the said individual, company or institution, L.T.H.S., its agents and all individuals concerned therewith from all liability whatsoever incurred in furnishing such information and hereby authorize a review and full disclosure of all records, public & private of a confidential nature. I further understand and give consent that some L.T.H.S. clients have specially requested that L.T.H.S. employees assigned to them undergo one or more additional background investigations or inquiries, including but not limited to checking any of my references, criminal or misdemeanor convictions, my motor vehicle records and fingerprinting of a prospective employee. I authorize and understand and give my consent for L.T.H.S. to obtain a report containing information regarding my prior work related injuries, claims & lawsuits, driving history and criminal history in connection with evaluating me for employment, promotion, reassignment or retention as an employee. I will abide by the safety rules of this company. If injured, I authorize L.T.H.S. to use best judgment for treatment unless I instruct otherwise in writing. As an L.T.H.S. employee, I understand that if I am offered employment, I will be working for L.T.H.S. on its payroll at its clients' locations. I understand and agree that for a period of twelve (12) months after the termination of my assignment as a temporary employee of L.T.H.S. I will not provide my services to the clients for which I worked or any client where L.T.H.S. referred me for a work assignment. I agree and consent that I will not work directly as an employee or consultant, or indirectly as an employee or consultant through any other temporary staffing service or Outsourcing service or personnel agency for an L.T.H.S. client or its subsidiary to which I was referred and employed by L.T.H.S. at the client's work site for a period of twelve (12) months. If I am in violation of this agreement I will be responsible for a conversion fee that is calculated by multiplying the annual computed salary that I receive from the hiring company by a percentage equal to at least one percent (1%) of each thousand dollars of the salary to a maximum of thirty percent (30%). I hereby agree to submit to a drug screening test and random drug screens during my employment, that may be required as a condition of my employment and understand that refusal to submit to such testing during the source of my employment may result in disciplinary action, up to and including discharge/termination & the cost of the drug screen can & will be deducted from my paycheck at L.T.H.S.'s sole discretion. I further agree that L.T.H.S., after investigation of facts and at L.T.H.S.'s sole discretion, may deduct from my paychecks money to cover the costs of any repayment of cash loans from client or client employees, the cost of safety belts, t-shirts, equipment or uniforms that may be required for the jobs to which I am assigned to work. I understand agree that dependent upon the nature of the position that I may be subject to a physical examination after being offered a job by L.T.H.S. and that such an offer of employment may be subject to passing such a physical examination. When any work assignment ends, I agree to contact T.O.T. by the next working day for further work assignments. I understand and agree that if I fail to contact L.T.H.S. within one (1) working day, I may be considered to have left work voluntarily without cause through my personal choice and action and L.T.H.S. may assume that I am not available for employment and unemployment benefits will be denied and/or I may be ineligible for unemployment benefits. Failure to show up at the work site without notifying L.T.H.S. in advance may result in automatic termination. At the completion of any work assignment it is my responsibility to call and check within one working day and then daily between 7:30 (seven-thirty) a.m. and 9:00 (nine) a.m. for work assignments if and when my current work assignments if and when my current work assignment with and L.T.H.S. client ends or is completed. (If I fail to call within one working day and the daily between the scheduled times for future work assignments, L.T.H.S. may assume that I am not available for further work assignments (employment) and unemployment benefits will be denied and I may be ineligible for unemployment benefits. If I violate any part of this employment agreement, I consent and agree to pay all reasonable court costs and reasonable attorney fees as may be incurred in legal proceedings or employment legal sources in the event of default on my part.) In the event of my employment with L.T.H.S., I understand that my employment is "employment at will" and "terminable at will" and can be terminated with or without cause and with or without notice, that I am not being employed for any specific time period and that this application is not intended to be a contract for continued employment. I agree to the policies, rules and regulations of L.T.H.S. and understand and agree that may employment and compensation is not guaranteed for any particular length of time and that either I, L.T.H.S. or the client company remains free to terminate the work relationship at any time with or without cause and with or without notice As a temporary employee of L.T.H.S., I understand and agree that statement defined in client company benefit plans, 401-k's, pension plans, stock options, medical benefits or any other defined client benefits or contained in policies, practices, handbooks and other company materials (clients of L.T.H.S.) do not create any guarantee of employment and I waive any right and claim to these, and that this application form represents the entire employment agreement by the parties pertaining to my employment with L.T.H.S. should employment be offered me and I accept it. I understand that L.T.H.S. has the right to modify, amend or terminate policies, practices, benefit plans and other company programs within the limits and requirements imposed by law. I ACKNOWLEDGE THAT L.T.H.S. ABIDES BY THE ADA GUIDELINES AND REQUIREMENTS, IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF SEX, AGE, DISABILITY, RACE, COLOR, RELIGION, NATIONAL ORIGIN OR VETERAN STATUS. This written agreement also serves as an employment agreement contract between L.T.H.S. and me, the said applicant seeking employment. I represent and warrant that I have read and fully understand the foregoing employment conditions/requirements and I have agreed to seek employment under these employment conditions/requirements. A PHOTOCOPY OF FACSIMILE OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY OR FACSIMILE DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

PRINTED NAME: _____ SIGNATURE: _____

WITNESS: _____ DATE: _____

FOR OFFICE USE ONLY DO NOT FILL IN THIS SECTION

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REFERENCE DATE:	ATTENDANCE	1 2 3 4 5	REFERENCE DATE:	ATTENDANCE	1 2 3 4 5
COMPANY:	PRODUCTIVITY	1 2 3 4 5	COMPANY:	PRODUCTIVITY	1 2 3 4 5
CONTACT:	INITIATIVE	1 2 3 4 5	CONTACT:	INITIATIVE	1 2 3 4 5
DATES CONFIRMED?	DEPENDABILITY	1 2 3 4 5	DATES CONFIRMED?	DEPENDABILITY	1 2 3 4 5
REHIRABLE?	ATTITUDE	1 2 3 4 5	REHIRABLE?	ATTITUDE	1 2 3 4 5
CHECKER'S INITIALS:	ACCURACY	1 2 3 4 5	CHECKER'S INITIALS:	ACCURACY	1 2 3 4 5
<u>APPEARANCE:</u>	<u>COMMUNICATION:</u>	<u>ATTITUDE TOWARD WORK:</u>	EVALUATED BY:		

WELL GROOMED
APPROPRIATE
SLOPPY/UNTIDY
INAPPROPRIATE

ARTICULATE
APPROPRIATE
POOR GRAMMAR
INAPPROPRIATE

EXCITED
COOPERATIVE
LIKES STATUS QUO
INAPPROPRIATE

CHECK (✓) ALL SKILLS YOU HAVE & LIST # MONTHS EXPERIENCE IN EACH

MANUFACTURING

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> ASSEMBLY | <input type="checkbox"/> INSPECTING |
| <input type="checkbox"/> PLASTIC MOLD | <input type="checkbox"/> INJECTION |
| <input type="checkbox"/> CIRCUIT BOARD | <input type="checkbox"/> RIVETING |
| <input type="checkbox"/> SILK SCREENING | <input type="checkbox"/> SOLDERING |
| <input type="checkbox"/> CABLE/HARNESS | <input type="checkbox"/> PUNCH PRESS |
| <input type="checkbox"/> DRILL PRESS | <input type="checkbox"/> WIRING |

MACHINES

USED _____

☐ OTHER _____

FOOD SERVICE

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> BUS PERSON | <input type="checkbox"/> DISHWASHER |
| <input type="checkbox"/> TRAY PREP | <input type="checkbox"/> FOOD PREP |
| <input type="checkbox"/> LINE SERVER | <input type="checkbox"/> TABLE SERVER |
| <input type="checkbox"/> OTHER | |

WAREHOUSE

- ☐ FREIGHT FORWARDING
- | | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> AIR | <input type="checkbox"/> UPS |
| <input type="checkbox"/> RAIL | <input type="checkbox"/> TRUCK |
- ☐ PALLET JACK ☐ FORKLIFT
- ☐ LOAD/UNLOAD ☐ RECEIVING
- ☐ SHIPPING ☐ STOCKING
- ☐ ORDER PICKER ☐ ORDER PACKER
- ☐ CRT
- MODEL _____
- ☐ ENTERING ☐ RETRIEVAL
- ☐ OTHER _____

GROUNDS MAINTENANCE

- ☐ TRIMMER / REEL
- ☐ MOWER / ROTARY
- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> PUSH | <input type="checkbox"/> RIDING |
|-------------------------------|---------------------------------|
- ☐ EDGER ☐ MULCHER
- ☐ POWER EQUIPMENT TOOLS

BUILDING MAINTENANCE

- | | |
|--|--|
| <input type="checkbox"/> CARPET CLEANING | <input type="checkbox"/> FLOOR POLISHING |
| <input type="checkbox"/> FLOOR SCRUBBING | <input type="checkbox"/> PAINTING |
| <input type="checkbox"/> CLEAN-UP | <input type="checkbox"/> HOUSEKEEPING |
| <input type="checkbox"/> USED MACHINES | |

SPECIAL LICENSES

LIST ALL _____

INTERVIEWER NOTES:

MISCELLANEOUS

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> INVENTORY | <input type="checkbox"/> LAUNDRY HELP |
| <input type="checkbox"/> STOCK ROOM | <input type="checkbox"/> TICKETER |
| <input type="checkbox"/> WRAPPER | <input type="checkbox"/> DRAFTING |
| <input type="checkbox"/> CHAUFFEUR / RIVER | |
| <input type="checkbox"/> SUPERVISOR | where _____ |

CLERICAL

- ☐ DATA ENTRY ALPHA #P/MIN. _____
- ☐ 10 KEY #P/MIN. TOUCH _____
- ☐ 10 KEY #P/MIN. SIGHT _____
- ☐ MICROFILM MACHINE
- ☐ COPY MACHINE ☐ POSTAGE MACHINE
- ☐ RECEPTIONIST (# lines) _____
- ☐ VOICE MAIL ☐ FAXING

ACCOUNTING

- ☐ FINANCIAL STATEMENTS
- ☐ BALANCE SHEETS
- ☐ INCOME STATEMENTS
- ☐ QUARTERLY SCHEDULE
- ☐ ACCOUNTS PAYABLE
- ☐ ACCOUNTS RECEIVABLE
- ☐ BANK RECONCILIATION
- ☐ CREDIT/COLLECTIONS
- ☐ PAYROLL (#employees)
- ☐ TRIAL BALANCE ☐ JOURNAL ENTRY
- ☐ GENERAL LEDGER

TAXES

- | | |
|--|---|
| <input type="checkbox"/> INCOME TAXES | <input type="checkbox"/> PROPERTY TAXES |
| <input type="checkbox"/> PAYROLL TAXES | <input type="checkbox"/> PERSONAL TAXES |
| <input type="checkbox"/> SALES TAXES | <input type="checkbox"/> EXCISE TAXES |

MEDICAL EXPERTISE

- ☐ NURSING ☐ R.N. ☐ L.V.N.
- ☐ HOME HEALTH

BOOKKEEPING

- ☐ FULL-CHARGE ☐ ASSISTANT

TYPING/WORD PROCESSING

- | | |
|---|---|
| <input type="checkbox"/> W.P.M | <input type="checkbox"/> CORRESPONDENCE |
| <input type="checkbox"/> STATISTICAL | <input type="checkbox"/> PROPOSALS |
| <input type="checkbox"/> PURCHASE ORDERS | |
| <input type="checkbox"/> TRANSCRIPTION | |
| <input type="checkbox"/> INVOICES / STATEMENTS | |
| <input type="checkbox"/> SECRETARIAL | <input type="checkbox"/> EXECUTIVE |
| <input type="checkbox"/> GRAPHS & CHARTS - GRAPHICS | |
| <input type="checkbox"/> MULTI PAGE DOCUMENTS | |
| <input type="checkbox"/> SPECIALIZED | _____ |

SPECIAL TERMINOLOGY

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> LEGAL | <input type="checkbox"/> FINANCIAL |
| <input type="checkbox"/> ENGINEERING | <input type="checkbox"/> SCIENTIFIC |
| <input type="checkbox"/> MEDICAL | <input type="checkbox"/> REAL ESTATE |
| <input type="checkbox"/> OTHER | |

DATABASE

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> ACCESS | <input type="checkbox"/> APPROACH |
| <input type="checkbox"/> PARADOX | <input type="checkbox"/> OTHER |

COMPUTERS

- ☐ SYSTEM ADMINISTRATION ☐ WEB DESIGN
- ☐ INSTALLING SOFTWARE
- ☐ TRAINING OPERATORS
- ☐ WRITING TRAINING MANUALS
- ☐ W.P. / D.E. SUPERVISOR
- ☐ PROGRAMMING
- ☐ COMPUTER LANGUAGES

COMPUTER HARDWARE

- ☐ MAINFRAME type _____
- ☐ IN HOUSE type _____
- ☐ NETWORK type _____

COMPUTER SOFTWARE

- ☐ MS WORD version _____
- ☐ WORD PERFECT version _____
- ☐ WINDOWS version _____
- ☐ LOTUS 1-2-3 version _____
- ☐ EXCEL version _____
- ☐ QUATTRO PRO version _____
- ☐ COREL DRAW version _____
- ☐ PAGE MAKER version _____
- ☐ POWER POINT version _____
- ☐ HARVARD version _____
- ☐ QUICK BOOKS version _____
- ☐ OTHER PACKAGES & VERSIONS _____

TECHNICAL EXPERTISE

- | | |
|--|------------------------------------|
| <input type="checkbox"/> ENGINEER | <input type="checkbox"/> DRAFTSMAN |
| <input type="checkbox"/> COMPUTER SPECIALIST | |
| <input type="checkbox"/> ESTIMATOR | |

LIST ALL SPECIAL LICENSES/TRAINING: _____

DO NOT INDICATE "SEE RESUME" - COMPLETE ALL QUESTIONS

PREVIOUS PERMANENT EMPLOYMENT	LAST PERMANENT POSITION COMPANY NAME:	PRIOR PERMANENT POSITION COMPANY NAME:	PRIOR PERMANENT POSITION COMPANY NAME:	PRIOR PERMANENT POSITION COMPANY NAME:
STREET ADDRESS CITY, STATE, AND ZIP				
TELEPHONE NUMBER				
WORKED (MONTH OR YEAR)	FROM: TO:	FROM: TO:	FROM: TO:	FROM: TO:
JOB TITLE SALARY				
JOB RESPONSIBILITIES				
REASON FOR LEAVING				
SUPERVISOR'S NAME				

PREVIOUS PERMANENT EMPLOYMENT	LAST PERMANENT POSITION COMPANY NAME:	PRIOR PERMANENT POSITION COMPANY NAME:	PRIOR PERMANENT POSITION COMPANY NAME:	PRIOR PERMANENT POSITION COMPANY NAME:
TEMP SERVICE NAME				
CLIENT NAME				
STREET ADDRESS OR CITY				
WORKED (MONTH OR YEAR)	FROM: TO:	FROM: TO:	FROM: TO:	FROM: TO:
JOB TITLE				
RATE OF PAY				
JOB RESPONSIBILITIES				
REASON FOR LEAVING				
SUPERVISOR'S NAME				