



# EMPLOYMENT APPLICATION

Equal Opportunity Employer, Drug-Free Workplace

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN#: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Person to contact in case of emergency: Name \_\_\_\_\_

\_\_\_\_\_ ( )  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**EDUCATION: High School:** \_\_\_\_\_ **Did You Graduate?** YES  NO

College/Trade School: \_\_\_\_\_

Courses and Degrees: \_\_\_\_\_

**EMPLOYMENT HISTORY: (Please list the last 3 jobs if less than 5 years with the most recent first)**

Temp  Perm If temp, what was agency or company? \_\_\_\_\_

Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Temp  Perm If temp, what was agency or company? \_\_\_\_\_

Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Temp  Perm If temp, what was agency or company? \_\_\_\_\_

Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**COMPUTER SKILLS**

- Windows     AS400  
 Word         Excel  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ELECTRONIC ASSEMBLY**

- Blueprints  
 Cabling  
 Color Code  
 Component ID  
 Harnessing  
 Kit Puller  
 Multi-Layer  
 PC Board - MFG.  
 PC Board - Stuffing  
 Point to Point  
 Power Supplies  
 Rework  
 Schematics  
 Wire Lists  
 Wire Wrap by Gun  
 Wire Wrap by Hand  
 Has Own Tools  
 Trainee  
 Other \_\_\_\_\_

**FORKLIFT**

- Certified  
 Gas  
 Electric  
 Stand Up  
 Sit Down  
 Other \_\_\_\_\_

**COMPUTER SKILLS**

- Clean Room  
 Rate/Paced  
**PRODUCTION**  
 Shared Workstation  
 Work Alone  
 Works With Others  
 \_\_\_\_\_

**GARDENING/LANDSCAPING**

- General Laborer  
 Inventory Counter  
 Janitor  
 Material Handler  
 Picker/Packer  
 Production Worker  
 Stock Room  
 Swamper  
 Wait Person  
 Warehouse Worker

**INDUSTRIAL**

- Mender  
 Roll-Up  
 Binder  
 Creeler  
 Inspector  
 Sew-On  
 Serger

**INSPECTOR**

- Final  
 In-Process/Line  
 Lead  
 Quality Control  
 Receiving

**MACHINE OPERATOR**

- Drill Press  
 Injection Mold  
 Lathe  
 Mill  
 Punch Press  
 Sander  
 Setups  
 Twister  
 Winding  
 Spinning  
 Band-Saw  
 Brake-press  
 Extrusion  
 \_\_\_\_\_

**MECHANICAL ASSEMBLY**

- Blue Prints  
 Drawings  
 PC Board  
 Sanding  
 Schematics  
 Tools - Hand  
 Tools - Power  
 Has Own Tools  
 Trainee  
 \_\_\_\_\_

**MIRCO**

- Capping  
 Die Attach  
 Thick Film  
 Water Fab  
 Wire Bonding  
 \_\_\_\_\_

**SHIPPING & RECEIVING**

- Fed Ex     UPS

**TESTING**

- Calipers  
 Measuring Devices  
 Micrometers  
 O-Scopes  
 Ohm Meter

**TRADES**

- Carpenter  
 Appren.     Journ.  
  
 Electrician  
 Appren.     Journ.  
 Handyman  
 Maint. Mechanic

- Painter  
 Exterior  
 Interior  
 Industrial  
 Autobody

- Plumber  
 Appren.     Journ.

**WELDING**

- Mig  
 Tig  
 Stick  
 Robotics

**APPLICATION DISCLOSURE STATEMENT:**

I Hereby declare that all statements contained in this application are true and correct to the best of my knowledge and I understand that false or inaccurate information in the application will be the basis for termination. I hereby authorize this company to investigate my background and verify this information. I understand my failure to report to work will indicate that I have quit. My signature give this company the authorization to check the references I have given.

\*\*\*\*\*If there is any question or statement on this form that you do not understand,\*\*\*\*\*  
 ask for assistance from the person interviewing you.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Company Representative

\_\_\_\_\_  
 Date

**POLICIES & PROCEDURES/EMPLOYMENT AGREEMENT**

Please read carefully and remember to inform **Corporate Solutions Group, Inc.** (Corporate Solutions) of doctor’s appointments, legal matters, vacations, etc. that would interfere with your ability to complete assignments prior to accepting an assignment.

\_\_\_\_\_ *Initial* Once I accept an assignment, I must report to Corporate Solutions to pick up a time sheet. **I am solely responsible for securing a signature from my worksite supervisor and submitting my time sheet by noon on Monday in order to be paid in a timely manner.** The typical pay period is Monday through Sunday and my paycheck is available on Friday. I am aware that if I walk-off or do not complete an assignment without proper notice **(2 days)** that I will be paid current minimum wage.

\_\_\_\_\_ *Initial* If my assignment ends, I must report to Corporate Solutions immediately for my next assignment. Failure to do so, or refusal of next job assignment, will indicate that I have voluntarily quit and will not be eligible for unemployment benefits. You are an employee of Corporate Solutions and only you or Corporate Solutions can terminate your employment. **I must contact Corporate Solutions each week in order to remain “active” or my status becomes inactive (voluntary quit).**

\_\_\_\_\_ *Initial* I understand that if I accept a position with Corporate Solutions, I cannot work for the worksite employer I am assigned to through any other staffing agency for 30 days from the end of the assignment. The worksite employer cannot take me permanent until I have worked 1000 hours or until I receive written approval from Corporate Solutions. I understand that I will notify Corporate Solutions when approached with employment opportunities by worksite employers. I am subject to fines and penalties (no less than \$500) or loss of any wages due to me if I break this policy.

\_\_\_\_\_ *Initial* **I understand that I will report any work-related injuries to Corporate Solutions within 24 hours of injury, or I may be disqualified from receiving benefits.** Corporate Solutions provides Workers’ Compensation coverage, which could cover loss of earnings and medical expenses incurred due to an “on-the-job” injury. I also certify that I have seen the Panel of Physicians.

**Note:**  
**Employees testing positive for illegal drugs and/or prescription drugs not specifically prescribed to them cancel any Workers’ Compensation benefits and can be immediately terminated from further employment with Corporate Solutions. Drug screen charges will be deducted from the paycheck of any employee who tests positive.**

\_\_\_\_\_ *Initial* I understand that I am responsible for any keys, work equipment, safety gear, security badges, communications equipment, etc. that is assigned to me by the work site staff or Corporate Solutions, and further understand that Corporate Solutions can withhold my check or any money due to me until such items are returned to Corporate Solutions.

\_\_\_\_\_ *Initial* I understand that Corporate Solutions in my employer and I will inform CS of any changes in my status (place of residence, phone numbers, etc.) I will notify CS of requests for time off, if I am late or cannot work for any reason and failure to do so is considered a “voluntary quit”. I understand that CS will offer work assignments to me and that I will behave appropriately while on any assignment. I will honor any worksite rules and regulations, especially when considering my safety. I understand that safety is my priority and that I should wear protective equipment required by the worksite employer and will report any unsafe activity or workplace hazard to Corporate Solutions.

\_\_\_\_\_ *Initial* I must contact Corporate Solutions as soon as possible if:  
1. I miss work for any reason (i.e. sickness, accident, etc.)  
2. I request time off  
3. I end my assignment (giving two “2” days notice)  
Failure to contact Corporate Solutions Group for any of the above reasons is grounds for dismissal and/or indicates that I have voluntarily quit.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY!**

Interviewer \_\_\_\_\_ PEO Applicant \_\_\_\_\_ First Payroll \_\_\_\_\_

Applicant qualified to work for \_\_\_\_\_

Test Results \_\_\_\_\_ Locations \_\_\_\_\_ Hourly Pay \_\_\_\_\_

Interview Notes: \_\_\_\_\_

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**ASSIGNMENT AND PERFORMANCE RECORD:**

CLIENT	TITLE	PAY	START/END	PERFORMANCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**JOB ASSIGNMENT CALL RECORD AND REFUSAL:**

DATE	JOB/CLIENT	REASON	RESULT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FILE MADE INACTIVE \_\_\_\_\_ BY \_\_\_\_\_