



TEAM EMPLOYMENT, LLC

Application for Employment

Falsification of information is grounds for termination.

TWO FORMS OF ID MUST BE PRESENTED BEFORE PLACEMENT.

We are an equal opportunity employer.

DATE: ___/___/___

PERSONAL INFORMATION (Please Print)

Last Name _____ First Name _____ M/I _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____ Alternate # (_____) _____ Over 18? _____

Last four of digits of social security number XXX-XX-_____

Drivers License Number _____ - _____ - _____ Class _____ State _____

Other types of licenses? (list separately) _____ CDL _____ HAZMAT _____

Foreign Language _____ Read _____ Write _____ Speak _____

How did you learn about Team Employment? ___ FRIEND ___ YELLOW PAGES ___ NEWSPAPER OTHER: _____

AVAILABILITY

Check the days you are available: ___ MON ___ TUES ___ WED ___ THUR ___ FRI ___ Sat ___ SUN

Are you seeking: ___ FULL-TIME ___ PART-TIME Are you seeking: ___ TEMPORARY ___ PERMANENT

What type of position are you seeking? _____ Available start date: _____

Wage required: _____ What shifts are you willing to work? ___ 1st ___ 2nd ___ 3rd ___ Rotating ___ Spot Jobs

Would you consider an on the road position? _____

Transportation: ___ PERSONAL AUTO ___ BIKE ___ WALK ___ FRIEND/RELATIVE ___ BUS

PRE-EMPLOYMENT QUESTIONS

- Have you ever been convicted of a felony? ___ YES ___ NO or misdemeanor? ___ YES ___ NO

If YES, please explain: _____

- Are you currently on parole, on a work release program, or a member of a halfway house? ___ YES ___ NO

If YES, what requirements are necessary to assure successful employment? _____

- Some job assignments may require a pre-employment drug screening! Are you willing to comply with any drug testing requirements before placement? ___ YES ___ NO

EDUCATION

High School Diploma or GED YES or NO College 1 2 3 4 Degree _____

Business/Vocation _____ Certification Number and Type _____

Are you presently a student? _____ Do you plan to return to school? _____ If yes when? _____

Employment History

MUST BE COMPLETED BEFORE YOU CAN BE INTERVIEWED

Please be thorough & accurate as we do check references prior to placement.

Company Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #:(_____) _____ Supervisor: _____ Wage: _____

Terminated / Quit / Reason? _____ May we contact? _____

Job Title / Duties _____

Company Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #:(_____) _____ Supervisor: _____ Wage: _____

Terminated / Quit / Reason? _____ May we contact? _____

Job Title / Duties _____

Company Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #:(_____) _____ Supervisor: _____ Wage: _____

Terminated / Quit / Reason? _____ May we contact? _____

Job Title / Duties _____

Company Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #:(_____) _____ Supervisor: _____ Wage: _____

Terminated / Quit / Reason? _____ May we contact? _____

Job Title / Duties _____

EMPLOYEE SKILLS

*****If skills were used at a job, please provide the name of the company*****

Accounting-

Functions _____

Other _____

Computer Skills-

Hardware Used _____

Software Used _____

Other _____

Office- (Check all that apply)

Customer Service _____ Data Entry _____

Receptionist _____ Secretarial _____

Typist _____ Words/Minute _____

Finance-

Banking _____

Industrial Services-

Assembly _____

Bakery _____

Quality Control _____

Inventory Taker _____

Material Handler: Fork Lift _____ Overhead Crane _____

Special Services (Food, Guard,...) _____

Landscaping / Groundskeeping _____

Maintenance _____

H.R.-

Certifications _____

Other _____

Sales-

Building / Structural-

Carpenter _____ Construction _____

Drywall _____ Electrician _____

Pipe Fitter _____ Mechanic / Repairer _____

Welding: MIG _____ TIG _____ ARC _____ Stick _____

Can Read: Blue Prints _____ Tape Measurer _____

Vehicle-

Vehicles / Motorized Equipment Operated _____

Special Licenses _____

Auto Mechanics _____

Diesel Mechanics _____

Machine Operator-

CNC Lathe Operator _____

Extruder Operator _____

Machinery _____

Painting-

Industrial _____

Roller _____

Any Other Skills Not Listed Above-

EMPLOYMENT VERIFICATION REQUEST

Team Employment, LLC

230B S. Santa Fe, Salina, KS 67401

Phone: (785) 826-1848 Fax: (785) 826-1676

We have recently received an application from the individual listed below.

Employee's Name: _____ SSN: _____

Hire Date: ____/____/____ Separation Date: ____/____/____

Job Duties: _____

Performance Skill/Level	Excellent	Good	Fair	Poor
Attitude	Excellent	Good	Fair	Poor
Attendance	Excellent	Good	Fair	Poor

Is this employee eligible for rehire? YES NO

Reason for leaving: _____

Other comments: _____

Printed Name of Person Completing Form

Signature of Person Completing Form

*******RELEASE AUTORIZATION*******

I authorize Team Employment to contact and obtain information about me from former employers regarding work habits, skills, and conduct on the job. I release Team Employment, its Customers, and Potential Customers from any liability arising out of such inquiry.

SIGNATURE: _____

DATE: ____/____/____

D.O.B. ____/____/____

MAIDEN NAME/Other Name Used: _____

TEAM EMPLOYMENT ADMONISHMENT

I, _____, understand that I am an employee of Team Employment and as such I am fully responsible for my conduct while on assignment. I realize that no assignment is an offer of full time employment by Team Employment or their customers unless directly specified and I may be replaced at the request of the customer at anytime without notice. I understand that in the event that I do not turn in a time card to Team Employment for time worked complete with supervisor signature, Team Employment will be under no obligation to pay for the time worked. **Time cards are to be turned in no later than 8:00 am on the Monday immediately following the work week.**

I further understand that *misconduct* is a violation of a duty of obligation reasonably owed to Team Employment as a condition of employment and the following examples of misconduct will result in suspension and/or termination of employment:

1. FAILURE TO REPORT TO WORK – You must call in to **BOTH** the Team Employment office and to your employer at least one hour before your shift starts if you will not be able to work that day. (This will allow us time to find a replacement if the customer requests.)
2. SHOWING UP LATE – Our customers will not tolerate you being late. If this should happen, you will be docked 15 minutes of time every occurrence that you are late or you may be replaced.
3. REFUSING ASSIGNED WORK OR A CHANGE IN HOURS – **NEVER** refuse assigned work or a change in hours. Call Team Employment so we can help work out the problem.
4. USE OF OBSCENITIES – **NEVER** use obscenities. That is the fastest way to have a customer request a replacement.
5. BECOMING BELIGERENT – **NEVER** argue with a customer or their supervisors. Call Team Employment and let us take care of it.
6. VIOLATION OF SAFETY POLICY – **ALWAYS** follow general safety guidelines as discussed with the Job Placement Specialists, and adhere to more specific guidelines that pertain to specific job sites.

Do you have any questions? If so, please consult a Team Employment staff member before proceeding.

SIGNATURE: _____

DATE: ____ / ____ / ____

MAIDEN NAME / OTHER NAMES USED: _____

REQUEST FOR WORKERS COMPENSATION RECORDS

K-WC 97 (Rev. 6-12)

Requestor name: Lisa Starr Phone: (785) 826-1848
Company or Entity: Team Employment, LLC Fax: (785) 826-1676
Address: 230 B South Santa Fe
City, State, ZIP: Salina, KS 67401

* Worker's name: _____ * SSN: _____

Records sought: Accident report summaries Docket summaries Actual filings
 Electronic download (registered users only; if not yet registered, see K-WC 96)

In order to acquire accident reports or medical records, the requestor **must** be in category I or II below. Specify which categories pertain to you and provide the accompanying information:

- I) Are you: the employer of a worker seeking workers compensation benefits
 an insurance carrier with coverage of a worker seeking workers compensation benefits
 an insurance carrier's attorney/representative for the employer

Date of accident: _____

- II) Are you: an employer which has made a conditional offer of employment to the individual whose records are sought
 an insurance carrier of an employer which has made an employment offer to the individual whose records are sought
 an insurance carrier's attorney/representative for the employer

Type of job conditionally offered to the individual: Labor

The following release must be signed by the worker to whom the offer of employment was made:

I hereby verify that I have been offered employment by the individual or entity requesting my records from the Kansas Division of Workers Compensation and give the division permission to release the records specified to the individual or entity making the request.

* Signature of worker: _____ * Date: _____

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be a fraudulent or abusive practice under the Workers Compensation Act and may subject me to prosecution.

Signature of requestor: _____ Date: _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that Social Security numbers be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.

EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: _____

Address: _____

Home Phone: _____

EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
Contact #1	Home Phone:
Name:	Cell Phone:
Relationship:	Work Phone:
Contact #2	Home Phone:
Name:	Cell Phone:
Relationship:	Work Phone:

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency.

DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p>Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: _____)

Signature: _____ Date: _____

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security #*: _____ Date of Birth (mm/dd/yyyy)*: _____

Driver's License #: _____ State of Driver's License: _____

Present Address: _____ Telephone # (Primary): _____

City/State/Zip: _____

**This information will be used for background screening purposes only and will not be used as hiring criteria.*