

is an Equal Opportunity Employer. Federal and State Law prohibit discrimination in employment because of race, color, religion, sex, age, national origin or any other legally protected status.

PERSONAL INFORMATION

APPLICATION

DATE						
SOCIAL SECURITY NUMBER						
LAST	FIRST	MIDDLE				
STREET ADDRESS	APT. NO	CITY	STATE	ZIP		
HOME PHONE	MESSAGE PHONE	EMERGENCY PHONE NUMBER AND NAME				
POSITION APPLIED FOR	SPOUSE'S NAME			PHONE NUMBER		

How did you learn about us?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Employment Office
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Friend	<input type="checkbox"/> Dept Human Services
<input type="checkbox"/> Radio	<input type="checkbox"/> Relative	<input type="checkbox"/> Client Referral
<input type="checkbox"/> Walk-In		

WORK RELATED INFORMATION

Are you interested in Full-Time Part-Time Temporary Temp to Hire

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you filed an application with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Are you legally eligible for work in the United States? Yes No Date Available _____

Proof of citizenship or immigration status will be requested upon employment.

EDUCATION

High School	City/State	Dates Attended	Grade Avg.	Graduated/GED	
College	City/State	Dates Attended	Grade Avg.	Graduated	Degree Title Major/Courses
Graduate	City/State	Dates Attended	Grade Avg.	Graduated	Degree Title Major/Courses

Would you be interested in computer software training? Yes No

11/11/11

PRESENT OR LAST EMPLOYER

1.	Employer	Dates Employed		Work Performed
		From	To	
	Street Address/P.O.			
	City State Zip			
	Telephone Number(s)	Hourly Rate		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Street Address/P.O.			
	City State Zip			
	Telephone Number(s)	Hourly Rate		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Street Address/P.O.			
	City State Zip			
	Telephone Number(s)	Hourly Rate		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

Additional Job History Sheets Available.

MILITARY

Branch of Service _____	Period of Active Duty _____	Rank _____
Duties and Special Training _____		

BUSINESS/PERSONAL REFERENCES

Name _____	Home Phone (____) _____	Bus Phone (____) _____
Name _____	Home Phone (____) _____	Bus Phone (____) _____
Name _____	Home Phone (____) _____	Bus Phone (____) _____

REFERENCE REQUEST RESULTS - OFFICE USE ONLY

Source: _____	Result: _____	Verified by: _____
Source: _____	Result: _____	Verified by: _____
Source: _____	Result: _____	Verified by: _____
Additional Comments: _____		

PERSONNEL STAFFING INC. HARASSMENT POLICY AND ACKNOWLEDGMENT STATEMENT

Personnel Staffing, Inc. does not condone and will not tolerate harassment of any of its employees on the basis of race, color, religion, sex, national origin, age, citizenship, veteran status, disability, or work related injuries or illness. Harassment may include physical conduct as well as insulting remarks or jokes. Personnel Staffing considers harassment to be a grave act of misconduct and may subject the perpetrator to disciplinary action up to, and including, discharge from employment. Harassment of employees by coworkers, clients, visitors, vendors, or other third parties will also not be tolerated.

SEXUAL HARASSMENT

Personnel Staffing is very concerned about the prevention of sexual harassment. For purposes of this policy, sexual harassment includes un-welcomed sexual advances, requests for sexual favors, and other verbal, graphic, or physical conduct of sexual nature where:

- 1) Submission to such conduct is either an expressed or implied term or condition of an individual's employment;
- 2) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting that individual, or;
- 3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

HANDLING OF HARASSMENT COMPLAINTS

If any employee feels that he or she has been harassed in violation of Personnel Staffing's policy on harassment, he or she should immediately report the alleged harassment to his or her supervisor or Personnel Staffing. An employee needs not first make a report to his or her supervisor. An employee may report directly to Personnel Staffing. Any employee or supervisor who observes or becomes aware of possible sexual or other unlawful harassment should immediately advise Personnel Staffing. All complaints will be promptly and thoroughly investigated. Personnel Staffing will treat complaints of harassment in a confidential manner, releasing information only to those with a need or right to know. No employee should assume that Personnel Staffing is aware of the problem. Please bring complaints and concerns to our attention so that we can take steps to correct them. No retaliation will be taken against any employee because he or she reports a problem concerning possible acts of harassment. Employees can raise concerns and make reports without fear of reprisal. If you have any questions about what constitutes harassing behavior, feel free to speak with your supervisor, or Personnel Staffing.

I have received a copy of Personnel Staffing, Inc. Harassment Policy. I understand that it is my responsibility to read and understand the Harassment Policy. I also understand that I am responsible for complying with the Harassment Policy. I understand that I should immediately report possible acts of harassment to my supervisor and Personnel Staffing. I know that I should ask my supervisor or Freedom Personnel for an explanation or assistance any time I have questions regarding the Harassment Policy. My signature below reflects that I have read Personnel Staffing, Inc. Harassment Policy, understand the policy, and have had the opportunity to ask questions about the policy.

CONSENT TO DRUG SCREENING, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I have received, read and understand Personnel Staffing's drug and alcohol policy. I understand that Personnel Staffing tests applicants and employees for alcohol and/or drug use. I understand that I do not have to submit for testing, but that Personnel Staffing will withdraw a conditional offer of employment if I do not agree to be tested, and further, will not continue to employ me unless I agree to be tested while an employee. I further understand that I may be terminated at any time for any violation of the drug and alcohol policy, or for any other reason.

Upon an offer of conditional employment I agree to pre-employment drug and alcohol testing to determine the existence of drugs and/or alcohol in my system prior to being employed. If employed, I understand that I may be subject to testing after I am involved in an accident and when Personnel Staffing in its discretion, has reason to suspect that I may have violated its drug and alcohol policy. Testing may include urinalysis and/or blood tests. I also understand and agree that I may be required to submit to searches of myself and any of my private property on Personnel Staffing or Client Company premises.

I hereby release, waive, discharge and covenant not to sue Personnel Staffing, its officer, directors, employees and/or agents, with respect to all liability for any and all loss or damage, and any claim or demands therefore, on account of injury to my person or property, and all claims whether arising in tort or contract, whether caused by negligence or otherwise, with respect to such testing, specifically including but not limited to all privacy rights. I further agree to indemnify and hold harmless the above and each of them, from any loss, liability, damage, or cost they may incur in connection with this consent, release and waiver.

I understand that I have a right to consult with an attorney prior to signing this document. I expressly agree that this release, consent, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the laws of this state, and that if any portion is held invalid, the balance shall continue in full legal force and effect.

I acknowledge and agree that I have read and understand this document, and that I voluntarily sign it.

CONSENT TO RELEASE RESULTS OF DRUG SCREENING TEST

I authorize any licensed physician, medical practitioner, hospital, clinic, testing laboratory, toxicological laboratory to release the results of any urinalysis and/or blood test result to Personnel Staffing and in particular, to the individuals holding the following positions: The Owner, Placement Counselor, Operations Manager, or Comptroller. I understand that the urinalysis and/or blood test results will be limited to information purposes of 1) processing my application for employment and 2) evaluating my suitability for employment and/or continued employment. I understand that I have a right to receive a copy of this consent form if I so request. This consent form and authorization shall be valid so long as I am employed by Personnel Staffing, and will expire upon the termination of my employment from Personnel Staffing or in the event that my offer of employment is withdrawn, this authorization shall terminate thirty days after the date set forth below.

NAME _____ SOCIAL SECURITY NUMBER _____

SIGNATURE _____ DATE _____

PERSONNEL STAFFING, INC. POLICIES AND PROCEDURES

I have a working telephone and transportation.

I understand that I am expected to complete all job assignments. If I do not complete the assignment then Personnel Staffing can assume I have voluntarily quit.

I understand that I am an employee of Personnel Staffing and only I or Personnel Staffing can terminate my employment. When an assignment ends I must contact Personnel Staffing's office daily to make myself available for a new job assignment. Failure to do so or to accept my next job assignment will indicate I have voluntarily quit, and may affect my unemployment benefits.

Personnel Staffing has a very strict "NO DRUG POLICY", and I have signed a consent form to submit to drug testing. I understand my failure to comply with this agreement will be grounds for my immediate termination.

Unless special arrangements have been made, I understand Personnel Staffing will not recognize or pay for any hours worked by an employee in the absence of an individual time card signed by both the client and the employee.

If for some unexpected reason, such as an emergency or illness, I cannot make it to work or I will be late, I will contact Personnel Staffing and my supervisor. My failure to do so may be grounds for dismissal or indicate that I have quit.

If I sustain an injury on the job, I will inform the client and Personnel Staffing immediately after the accident. Personnel Staffing will coordinate with the client and myself the proper procedure for treatment and reporting of the accident.

I understand and will comply with Personnel Staffing safety rules and regulations.

Personnel Staffing employees are paid once a week. Our pay period begins on Monday and ends on Sunday. In order to be paid in a timely manner, timecards must be turned in to Personnel Staffing no later than 12:00 pm (noon) on Monday following the week worked. Any late timecards will not be paid until the next payroll. Paychecks can be mailed (must sign check mailing policy) to the employee's home, or are available to be picked up in the office during normal work hours on Friday.

I have read and fully understand the above statements regarding Personnel Staffing's policies and procedures and agree to the same. I understand failure to comply with these policies and procedures could lead to my termination.

We at Personnel Staffing take our responsibility as employers very seriously. We go to great lengths and great expense to provide a safe working environment for our workers. We also provide workers compensation for our employees and we deal promptly with legitimate claims or injuries. On the other hand, we have extensive experience investigating and controverting fraudulent or malingering claims and will fight these types of claims with all available resources.

EMPLOYEE

SIGNATURE _____

DATE _____

I understand Personnel Staffing can at any time conduct a public records search containing employment records, academic achievement, credit history, and motor vehicle report to assist in verification of the employment application, and post job offer medical inquiry. Retrieval and usage of this information complies with all E.E.O.C. (Equal Employment Opportunity Commission), A.D.A. (Americans with Disabilities Act), and F.C.R.A. (Fair Credit Reporting Act) Law, Rules and Regulations.

I authorize and request all persons, schools, businesses, corporations, credit bureaus, courts, law enforcement, armed forces, employment commissions and all government agencies to release said information without restrictions or qualification. I authorize and request all health care providers or hospitals to release said information for verification of post job offer inquiry, if required, to the company health care provider. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

I authorize Personnel Staffing, Inc. to release all records of employment, to each and every company (or their authorized agents), which may request such information in connection with my application for employment for said company upon permanent employment. It is understood that all information contained in my personnel record will be released to any and all employers upon transferring from temporary to permanent status with prospective employer. I hereby release Personnel Staffing from any and all liability of any types as a result of providing the above mentioned information.

I the undersigned do hereby authorize Personnel Staffing to examine any and all criminal records and arrests on file with the State of Oklahoma or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history. I further understand the information obtained by Personnel Staffing, Inc. may be released to Personnel Staffing's clients and that Personnel has the right to release such information to its clients.

I acknowledge that I am to provide complete and accurate information. Falsification may result in disciplinary action up to and including termination.

Signature

Date

Witness