



Freedom Personnel of Shawnee, L.L.C.

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?

Newspaper Phone Book Employment Office
 Yellow Pages Friend Dept Human Services
 Radio Relative Client Referral
 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

Middle

First

Last

Name:

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: _____		

FREEDOM PERSONNEL OF SHAWNEE, L.L.C. HARASSMENT POLICY AND ACKNOWLEDGMENT STATEMENT

Freedom Personnel of Shawnee, LLC 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. Freedom Personnel 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

Freedom Personnel 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 Freedom Personnel's policy on harassment, he or she should immediately report the alleged harassment to his or her supervisor or Freedom Personnel. An employee needs not first make a report to his or her supervisor. An employee may report directly to Freedom Personnel. Any employee or supervisor who observes or becomes aware of possible sexual or other unlawful harassment should immediately advise Freedom Personnel. All complaints will be promptly and thoroughly investigated. Freedom Personnel 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 Freedom Personnel 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 Freedom Personnel.

I have received a copy of Freedom Personnel of Shawnee L.L.C.'s 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 Freedom Personnel. I know that I should ask my supervisor or Freedom Personnel for an explanation or assistant any time I have questions regarding the Harassment Policy. My signature below reflects that I have read Freedom Personnel of Shawnee L.L.C.'s 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 Freedom Personnel's drug and alcohol policy. I understand that Freedom Personnel tests applicants and employees for alcohol and/or drug use. I understand that I do not have to submit for testing, but that Freedom Personnel 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 Freedom Personnel 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 Freedom Personnel or Client Company premises.

I hereby release, waive, discharge and covenant not to sue Freedom Personnel, 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 Freedom Personnel 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 Freedom Personnel, and will expire upon the termination of my employment from Freedom Personnel 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 _____

FREEDOM PERSONNEL OF SHAWNEE, LLC POLICIES AND PROCEDURES:

I have a working telephone and transportation.

I understand that I am an employee of Freedom Personnel of Shawnee, LLC and that only I or Freedom Personnel can terminate my employment. I understand that:

- (1) I am to complete all job assignments, and
- (2) When I cannot make it to work in cases of emergency or illness, I will contact Freedom Personnel and my supervisor; and
- (3) When an assignment ends I must contact Freedom Personnel on a daily basis to make myself available for a new job assignment.

Failure to do the above will indicate that I have voluntarily quit and may affect my ability to draw unemployment benefits.

Freedom Personnel 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 that Freedom Personnel 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.

I understand and will comply with Freedom Personnel safety rules and regulations. If I sustain an injury on the job, I will inform my supervisor and Freedom Personnel immediately. Freedom Personnel will coordinate with the client company and myself the proper procedure for treatment and reporting of the accident. We at Freedom Personnel 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. Additionally, we have extensive experience investigating and invalidating fraudulent or malingering claims and will fight these types of claims with all available resources.

Freedom Personnel employees are paid once each 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 Freedom Personnel not later than 12:00 pm (noon) on Monday following the week worked. Any late timecards will not be paid until the next payroll. Your payroll is available for Direct Deposit to your bank account, to be picked up in the office on Friday, or mailed to your residence (upon completion of check mailing policy).

I have read and fully understand the above statements regarding Freedom Personnel's Policies and Procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to disciplinary action including termination.

EMPLOYEE
SIGNATURE _____

DATE _____

I understand that Freedom Personnel 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) laws, rules and regulations.

I authorize and request all persons, schools, businesses, corporations, credit bureaus, courts, law enforcement, armed forces, employment commissions, and all governmental 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 the request/release.

I authorize Freedom Personnel to release all records of employment, to each and every company (or their authorized agent), 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 Freedom Personnel from any and all liability of any types as a result of providing the above mentioned information.

I, the undersigned, do hereby authorize Freedom Personnel 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 that the information obtained by Freedom Personnel may be released to Freedom Personnel clients and that Freedom Personnel has the right to release such information to its clients.

I, the undersigned, do hereby designate my employer, Freedom Personnel as my representative solely for the purpose of conducting a search of the records of the Oklahoma Workers' Compensation Court for prior workers' compensation claims filed in my name or social security number, and hereby authorize my employer, Freedom Personnel to conduct such a search of the records of the Oklahoma Workers' Compensation Court. I authorize the use of my Social Security Number to search for workers' compensation claim information.

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

PRINTED NAME

SIGNATURE

SOCIAL SECURITY #

DATE