

# Talent Worker Employment Application



## PERSONAL

<b>Name:</b> _____ <small><i>Last, First, Middle Initial</i></small>	<b>Date:</b> _____
<b>Main Phone:</b> _____	<b>Mobile Phone:</b> _____
<b>Address:</b> _____ <small><i>Street, Apt #</i></small>	
<b>Address:</b> _____ <small><i>City, State, Zip</i></small>	<b>Email:</b> _____
<b>Emergency Contact:</b> _____	<b>Emergency Contact Phone:</b> _____

**How did you find out about us?**  Job Opening  Website  Referral  Other: \_\_\_\_\_

**Seeking:**  Flexible to any  Contract  Contract-to-Hire  Regular Full-time  Regular Part-time

**Position(s) applying for:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Salary Range Requirements:** \$ \_\_\_\_\_ to: \$ \_\_\_\_\_

**Have you ever been convicted of a felony?**  Yes  No  
If yes, state the nature of the crime(s), when and where convicted and disposition of the case:  
\_\_\_\_\_

## QUALIFICATIONS

Education/Training/Degrees:	Completed:
High School: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vocational School: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certifications _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
University/College: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Do you speak, read & write any additional languages fluently, in addition to English:**  
\_\_\_\_\_

The essential functions of the position for which you are applying may include, but are not limited to:

- sitting for an extended period of time
- repetitive motion while operating computers, equipment or machinery
- standing for extended periods, bending, stooping and lifting 20 pounds above the shoulders

**Can you perform the essential functions of the position for which you are applying?**  Yes  No  
If no, please describe:  
\_\_\_\_\_

On the next page you will complete your employment history and authorize a verification of employment. Starting with the most recent employer, describe ALL paid, military and applicable voluntary experience. Please complete the employer information for your most recent 2 employers.

# VERIFICATION OF EMPLOYMENT REQUEST



A people2.0 Affiliate

Dear Employer:

The person identified below is being considered for employment and has authorized the release of the information requested by OfficeWorks, Inc. below. We appreciate your prompt reply. Your reply will be considered confidential.

<b>Attention:</b> <u>Human Resources</u> <b>Date:</b> _____ <b>Employer:</b> _____ <b>Fax:</b> _____ <b>Tel:</b> _____
---

<b>Please Fax Back to us at:</b>
OfficeWorks: _____
Fax: _____
Tel: _____

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

My signature serves to authorize the release of information requested to OfficeWorks, Inc. Signature: \_\_\_\_\_

The Applicant provided the following information:

<b>Employment History</b>	
<b>Employer 1:</b> _____	Location: _____
Job Title: _____	Duties: _____
Supervisor: _____	Phone: _____
Start Date: _____	End Date: _____
	Ending Pay/hour: _____
Reason for Leaving: _____	

**Employer please verify:**

1. Is the Start Date correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	
2. Is the End Date correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	
3. Is their Pay Rate correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	
4. Is their Reason for Leaving correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	
5. Are they eligible for Re-hire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	
6. Did they have an acceptable Record of Attendance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name, job title & sign please

# VERIFICATION OF EMPLOYMENT REQUEST



A people2.0 Affiliate

Dear Employer,

The person identified below is being considered for employment and has authorized the release of the information requested by OfficeWorks, Inc. below. We appreciate your prompt reply. Your reply will be considered confidential.

<b>Attention:</b> Human Resources      Date: _____
<b>Employer:</b> _____
<b>Fax:</b> _____
<b>Tel:</b> _____

<b>Please Fax Back to us at:</b>
OfficeWorks: _____
Fax: _____
Tel: _____

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

My signature serves to authorize the release of information requested to OfficeWorks, Inc. Signature: \_\_\_\_\_

The Applicant provided the following information:

Employment History	
<b>Employer 2:</b>	
Job Title: _____	Location: _____
Duties: _____	Supervisor: _____
Phone: _____	Start Date: _____
End Date: _____	Ending Pay/hour: _____
Reason for Leaving: _____	

**Employer please verify:**

7. Is the Start Date correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	
8. Is the End Date correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	
9. Is their Pay Rate correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	
10. Is their Reason for Leaving correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	
11. Are they eligible for Re-hire?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	
12. Did they have an acceptable Record of Attendance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No" - please correct:	

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name, job title & sign please

May we contact your present supervisor?  Yes  No

## PROFESSIONAL REFERENCES

<b>Reference 1:</b> _____ Phone: _____ Title: _____ Company: _____ Relationship to you: _____
---

<b>Reference 2:</b> _____ Phone: _____ Title: _____ Company: _____ Relationship to you: _____
---

<b>Reference 3:</b> _____ Phone: _____ Title: _____ Company: _____ Relationship to you: _____
---

**Do you have the legal right to work in the United States?**  Yes  No

(If offered a position, the Immigration Reform & Control Act of 1986 requires that you furnish proof of your employment authorization and your identity before you can begin work.)

**Are you 18 years old or older?**  Yes  No **Do you have a work permit?**  Yes  No

(If under 18, hire is subject to verification that you are of minimum legal age.)

**How long have you been a resident of this state?** \_\_\_\_\_

**Do you have access to reliable transportation?**  Yes  No

**Please list where you have currently been interviewing:**

\_\_\_\_\_

**What other employment services are you currently working with?:**

\_\_\_\_\_

**Would you like your resume marketed to other employers?:**  Yes  No

***For internal use only:***

<b>Reference &amp; Contact:</b> _____
<b>Date:</b> _____
1. Relationship to employee: _____ Known for how long _____
2. Reason for ended employment: _____
3. How would you rate their quality of work: <input type="checkbox"/> above average <input type="checkbox"/> average <input type="checkbox"/> below average
4. How would you rate their quality of professionalism: <input type="checkbox"/> above average <input type="checkbox"/> average <input type="checkbox"/> below average
5. How would you rate attendance and timeliness: <input type="checkbox"/> above average <input type="checkbox"/> average <input type="checkbox"/> below average
6. Other Comments: _____

**PLEASE READ CAREFULLY AND SIGN BELOW**

**Certification of Information** – I understand that I am applying for employment with People 2.0, Inc. or one of its subsidiaries (“People 2.0”) through OfficeWorks, Inc. (hereafter OfficeWorks), People 2.0’s local agent. By signing below, I declare that the information I provide in the application process is complete, true and correct to the best of my knowledge. I understand and agree that any false information, omission or misrepresentation, whether discovered before or after a job offer, can result in rejection of my application or termination of my employment .

**Equal Opportunity** – People 2.0 is an Equal Employment Opportunity company. All qualified applicants will receive consideration without regard to gender, marital status, race, color, age, creed, religion, national origin, veteran status, disability, or any statutorily protected class or characteristic.

**Purpose of Application.** I understand that this application form is for use in evaluating my qualifications for employment; it is not an offer or a promise of employment. A background investigation, interview, various tests and reviews may be required before any final determination of my suitability for employment is made. All employment at People 2.0 is “at will” and is not for any fixed time. If employed, my employment may be terminated by me or by People 2.0 at any time, with or without cause. I understand that approval of my application means only that I am eligible to be employed based on the needs and job openings of a staffing service customer. When suitable work becomes available, People 2.0 or its agent will notify me.

**Drug Test and Background Investigation** – I agree to submit to a drug test when requested (including a request by a staffing service customer) or as required by People 2.0 policy. I agree to sign any document People 2.0 may consider necessary to confirm my consent to drug testing and to release all parties involved in drug testing from any claim or liability arising out of the test or test results. In addition, I hereby authorize People 2.0 and/or OfficeWorks to investigate and make inquiries about my background, including criminal records, and to verify any statement I make during the application process. I will sign any document People 2.0 considers necessary to confirm my consent to such an investigation and to release all parties who gather or provide information from any claim or liability.

**Release of Information** – I hereby authorize People 2.0 and OfficeWorks to disclose information on my background and work history, including copies of this Application and any investigation or reference reports to representatives of client companies where I may be considered for employment. I hereby release People 2.0 and its agents, and any persons, employers, companies, agencies and authorities who verify or provide information on my background from any liability for any damage whatsoever for disclosing or issuing any such information.

**Assignments** – I understand and agree that I may be expected to work in a variety of job assignments in various locations. As they become available, I agree to accept assignments for which I am qualified in any area where I have indicated (on this form or a Pre-Application form) a willingness to work. I specifically understand that if I fail to report for a work assignment without notifying the OfficeWorks where I am applying in advance, or if I fail to report to a OfficeWorks office at the end of a completed work assignment, I am voluntarily quitting and terminating my employment with People 2.0.

I am voluntarily signing below to acknowledge that I have read and fully understand the Certification and Acknowledgments above. I have had the opportunity to ask questions before signing, and all explanations have been in language I understand.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print name here: \_\_\_\_\_