



APPLICATION FOR EMPLOYMENT

Please print all information requested, except signature.

Applicant may be tested for illegal drugs

Blytheville Location
102 W. Walnut
Blytheville, AR 72315
870.762.2262

Osceola Location
606 W. Keiser
Osceola, AR 72370
870.563.3330

Date: _____ Currently Working? Yes No
Last Name: _____ First Name: _____ Mi: _____
Home Phone: _____ Cell Phone: _____
Stree Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____ How Long: _____
Date Of Birth: _____ If Under 18, Please List Age: _____
Social Security #: _____ Marital Status: Married Single
In Case Of Emergency Please Notify: _____ Relationship: _____

HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY OR 'NO CONTEST' TO ANY CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO.

If yes, please explain: _____

Do you have reliable transportation? YES NO

Minimum Wage Acceptable

- \$8.00 - \$9.00
\$10.00 - \$11.00
\$12.00-\$14.00
Other: \$ _____

Travel Distance

- 0-10 Miles
10-20 Miles
20-30 Miles
County Only
Other: _____

Preferred Shifts

- Any Shift
Long Tenn Assignment
Shon
Same Day

Interests (Check All That Apply)

- Screen To Hire
Long Tenn Assignment
Shon Term Assignment
Same Day Assignment

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information in this application.

Signature

Date

EDUCATION

High School: _____ Location: _____ Diploma: Yes No
 College/Technical School: _____ Location: _____ Diploma: Yes No
 Ged: Yes No Other: _____

MILITARY:

Have you served in the armed forces? Yes No
 Are you a member of the National Guard? Yes No
 Specialty: _____

EMPLOYMENT: {Resumes are not accepted as replacement for completing the application form.)

CURRENT (or most recent) POSITION FIRST

DATES Mo/Yr Company Name: _____
 From ____ / ____ Address: _____
 To ____ / ____ City: _____
 State: _____ Zip: _____ Phone: _____

WAGES Per hr. Position: _____ Supervisor: _____
 Begin _____ Duties: _____
 End _____ Reason for Leaving: _____

DATES Mo/Yr Company Name: _____
 From ____ / ____ Address: _____
 To ____ / ____ City: _____
 State: _____ Zip: _____ Phone: _____

WAGES Per hr. Position: _____ Supervisor: _____
 Begin _____ Duties: _____
 End _____ Reason for Leaving: _____

DATES Mo/Yr Company Name: _____
 From ____ / ____ Address: _____
 To ____ / ____ City: _____
 State: _____ Zip: _____ Phone: _____

WAGES Per hr. Position: _____ Supervisor: _____
 Begin _____ Duties: _____
 End _____ Reason for Leaving: _____

Please explain gaps in employment history: _____

May we contact current employer? Yes No

I authorize you and all former employers and others given by me as a reference to furnish Temps Plus with any and all information relative to possible future employment. I agree to release said person, institutions, and Temps Plus from all liability in regards to the transmission of reference material.

SIGNATURE OF APPLICANT _____ DATE _____

PHYSICAL REQUIREMENTS

The following are physical requirements pertaining to the job(s) for which you are applying. These recognized, physical requirements are essential functions of the job and are in addition to the skills, years of experience, or other qualifications required to perform the job(s).

This information is used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person.

The following questions/statements include essential functions relevant to a general grouping of industrial job classifications. These essential functions generally apply to the job(s) for which you are applying.

WORKING AN 8 hr. SHIFT, CAN YOU PERFORM THE FOLLOWING ESSENTIAL JOB FUNCTIONS?

- | | | |
|---|-----|----|
| 1. Stand for long periods of time | Yes | No |
| 2. Lift and/or carry up to 25 pounds. | Yes | No |
| 3. Lift and/or carry from 25-30 pounds. | Yes | No |
| 4. Lift and/or carry from 50-80 pounds. | Yes | No |
| 5. Lift and/or carry from 50-100 pounds with a partner, | Yes | No |
| 6. Bend at the waist routinely. | Yes | No |
| 7. Grip, grasp or twist objects or tools using your hands and wrist. | Yes | No |
| 8. Apply pressure to an object with your fingers and palms. | Yes | No |
| 9. Assemble very small parts by hand. | Yes | No |
| 10. Move objects back and forth, and up and down. | Yes | No |
| 11. Move about on foot as required. | Yes | No |
| 12. Work in hot or cold temperatures. | Yes | No |
| 13. Read instructions, match numbers or letters, identify colors. | Yes | No |
| 14. Understand written and verbal instructions, to include hazard communication safety information? | Yes | No |
| 15. Wear dust mask or respirators | Yes | No |
| 16. Be able to step up a ladder or walk up a flight of stairs. | Yes | No |
| 17. Bend your body downward and forward by bending at the waist (stooping). | Yes | No |
| 18. Bend your legs at the knee (kneeling). | Yes | No |

I HAVE ANSWERED THE ABOVE QUESTIONS COMPLETELY, ACCURATELY, AND TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: _____ DATE _____

PLEASE MARK THE AREAS IN WHICH YOU HAVE EXPERIENCE

INDUSTRIAL SKILLS

Light Assembly	Metal Stamping	Shipping/Receiving	Brake Press	Punch Press
Punch Press	Drill Press	Lathes	CNC Lathes	CNC Program
Mill	Machine Set-up	Calipers	Micrometers	Blue Prints
Assembly	Packaging	Buffer	Quality Control	Inventory Control
Foundry	Grinding	Machine Operator	Slitter Operator	Machinist
Auto CAD				

CONSTRUCTION//CARPENTRY:

Painting	Carpenter w/tools	Dry walling	Roofing	Siding
Brick Laying	Carpenter w/o tools	Concrete Finisher	Concrete Forms	Sand Blast
Spray Painting	Carpenter helper	Hand Pallet Jack	Pressure Washer	

WELDING:

Pipe Welding	Pipe Fitting	MIG Welding	TIG Welding
ARC Welding:	Spot Welding	Brazing	Soldering
Cutting Torch	Metal Fabrication	Aluminum Welding.	

MAINTENANCE

Industrial	Automotive	Electrical	Computer
Tool & Die	Hydraulic	Heating & Air	Duct Work
Conveyor Lines	Plumber	Mechanical Knowledge	
Trash Collection	Grounds Keeping	Diesel Mechanic	Tools

WAREHOUSE

Delivery	Inventory	Computer	Trucks
Load/Unload	Pallet Jack	Control	Stocking
Shipping/Receiving			

HEAVY EQUIPMENT

Dump Truck	Front End	Overhead Crane	Bob Truck
Hydraulic Crane	Forklift	Loader	Drag Line Crane
Bulldozer	CDL (license)	Road Grader	Kumatsu
Skytrac	Trachoc	Clamplift Operator	Cert. on OH Crane
Other, please list:			

SAFETY EQUIPMENT OWNED:

Steel-toe Boots	Metal Tarsal	Safety Glasses	Gloves
Hard Hat	Welding Hood		

CLERICAL SKILLS:

Payroll	Bookkeeping	Switchboard	MS Windows
Lotus 1-2-3	Excel	Word Perfect	MS Office
Accounting	Manager	Typing	Cashier
Data Entry	Receptionist	10-Key	IT
QuickBooks			

Are you willing to work shutdowns? Yes No

List any certifications: _____

EMPLOYMENT POLICIES:

All employees are required to report their availability daily by phone and the morning following the end of each job assignment. Failure to phone in for a job assignment may affect the employee's unemployment benefit.

When you work for Temps Plus, you are an employee of Temps Plus only. You are not an employee of the customer until you are hired by that customer. The customer's employment policies apply to you, regardless if you are sent by the customer or by Temps Plus to work on a job.

The company considers any employee who is non-compliant with this policy is Voluntarily Terminated.

Did you complete this application yourself? Yes No. If no, who did? _____

Signature _____ **Date** _____

How did you hear about Temps Plus?

News Paper Radio Friend Job Fair Other: _____

Have you previously applied at Temps Plus? Yes No **When?** _____

Have you worked for other employment service? Yes No

Where? _____ **Date?** _____ **How long?** _____

READ STATEMENT CAREFULLY BEFORE SIGNING AND DATING.

I authorize you as my prospective employer to investigate thoroughly my previous work, medical and personal history. I authorize anyone who has such information to release it to you.

I consent to take and have any doctor, hospital or testing laboratory conduct medical drug tests on me prior to employment and as part of a periodic physical examination paid for by the company, or when the company has reason to believe that such tests may be necessary. I agree to sign any authorization necessary for the release to the company of medical information, including laboratory reports, by any medical person or facility as it relates to my suitability for employment. I hold no person or organization liable for any damages which may result from furnishing any information described above.

I understand that I must be able, with or without reasonable accommodations, to perform all the essential functions of any job or position to which I may be assigned by temps plus, and that any placement upon a specific job assignment with a customer of temps plus, may be conditioned upon a physical examination related to my performance or the essential job functions.

I release all parties from any obligation to provide me with written notification of this disclosure of employment - related information. I understand that this may include information of disciplinary action or job performances as evaluated by this or previous employers.

I recognize that neither this application nor any future employment is an employment contract. I recognize that if I become employed, my employment is assured for no definite period of time. I am free to terminate my employment at any time for any reason, and the company retains the same rights. No company representative, nor any client of the company where I may perform work, has the authority to make any contrary agreement.

I understand that this application is considered active for ninety (90) days. After that, if I have not been employed by the company, I must reapply if I still wish to be considered for employment.

I certify that the information contained in this application is correct to the best of my knowledge and I understand that deliberate falsifying this information is grounds for refusal to hire or dismissal from employment.

Signature _____ **Date.** _____

TEMPS PLUS, INC., RULES AND REQUIREMENTS

All employees are required to have transportation and phone, or access to a public phone as we dispatch by phone. All employees are required to report their availability daily by phone and the morning following the end of each job assignment. Failure to phone in for a job assignment may affect the employee's unemployment benefits. The company considers that any employee who is noncompliance with this policy is **VOLUNTARILY TERMINATED**. Also, you must recognize your employment is "at will" and that either of us may terminate your employment with or without reason. You must further understand that nothing in this agreement is intended to imply a contract for employment for any specified period of time.

Temps Plus Employment Service is firmly committed to providing a working environment that is free of the problems associated with the use and abuse of drugs and alcohol. The illegal usage, sale, possession, or offering for sale of narcotics, drugs or controlled substances, or the use of alcohol or other intoxicants while on the job is strictly prohibited and may result in immediate disciplinary action, including termination of employment. All applicants will be drug screened prior to employment. It is also the policy of Temps Plus to perform random screening, at all job locations at the company's discretion. Employees who refuse to cooperate or submit to a drug/alcohol exam, in accordance with this policy, will immediately be terminated.

All injuries must be reported immediately to your supervisor. Any employee who experiences a work-related injury covered under Workers Compensation will be required to submit to a blood and/or urine exam. A positive drug/alcohol screen will result in immediate termination of employment. Any attempts to adulterate or tamper with a urine sample being collected for testing will be treated as a positive result and immediate termination. Employees who refuse to cooperate or submit to a drug/alcohol exam in accordance with this policy, will be immediately terminated. Understand that you must notify Temps Plus, Inc. of all On-The-Job Injuries at the time of injury. Initial reports may be made by telephone, but a written report must be filed at the Temps Plus, Inc. office before 5:00p.m. the next business day. Weekend accident reports should be called in to Temps Plus, Inc. immediately and then a written report must be filed before 5:00 p.m. the following Monday. Seeking medical treatment before notifying Temps Plus, Inc. results in paying your own medical bills until notifying Temps Plus, Inc. in writing. (AR STAT 11.9-701).

All employees must be neat and ready for work as soon as you arrive on the job site. You must stay until your assignment is completed. Leaving the job before completion or without permission could result in termination.

All employees must agree to complete either ninety (90) days or 500 hours of employment with Temps Plus prior to accepting a permanent position with any client company.

Any employee that accepts a job and does not show up or call in is considered terminated. If a hair follicle drug test was administered, the employee will be liable for the cost if he fails to quits before one day on the job is completed.

Understand that if the company you are assigned to wants to hire you, you must notify Temps Plus, Inc.

Any job-related problem should be directed to your Temps Plus, Inc. Representative.

Payday is on Thursday after 11:00 a.m., unless delivered by Temps Plus to your job site.

I hereby acknowledge that Temps Plus, Inc. had advised me that in connection with my employment with Temps Plus, Inc. I hereby agree to abide by these rules and requirements. Failure to concur with all these rules could be cause for immediate termination. I agree and understand that if hired, I am on a probationary period for ninety (90) days during which time I may be discharged without recourse. I hereby agree that, if hired, my employment is for no definite period, regardless of the date of payment of my wages and salary; I may be terminated at any time without any prior notice.

Signature _____ **Date.** _____