

Application for Employment

720 SE Sleater-Kinney Rd. Suite S-5
 Lacey, WA 98503
 (360) 456-0334 Fax: (360) 282-2858
 1-888-907-TEAM (8326)
 www.teamoly.com



Name _____ Date _____

(Print Full Name; First, Middle and Last)

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone # _____ Cell Phone # _____ Msg. Phone # _____

Social Security # _____ Email Address _____

Desired Wage _____ Full Time Part Time Temporary Day Swing Graveyard

Do You Have Transportation? Yes No Do You Have a Valid Driver's License? Yes No

List Former Employers (List Last Employer First)

| Date | Name and Address | Salary | Position | Reason For Leaving |
|------------|------------------|--------|----------|--------------------|
| From To | | | | |
| From To | | | | |
| From To | | | | |

All Applications Are Discarded After 6 Months Unless Updated.

Name _____

Total Employment and Management

| | Please Write In Years/Months Where They May Apply | | | | |
|-----------------------|---|-------------------------|-----------------------------|------------------------------|----------------------|
| ADMINISTRATIVE | SOFTWARE | SERVICE INDUSTRY | INDUSTRIAL | INDUSTRIAL | AGRICULTURE |
| 10 Key | Access | Bartender | Backhoe | Assembly | 10 Wheeler |
| Accounting | Excel | Cook | Bob Cat | Electrical Exp. | Bailer Operator |
| Acct. Payable | Internet | Current Health Card | Boom Crane | Electrician (Apr) | Circle Irrigation |
| Acct. Receivable | MS Office | Dishwasher | Bull Dozer | Electrician (Jrn) | Combine |
| Banking - Financial | MS Outlook | Food Service/Server | CDL (A) | Electronics | Cowboy |
| Bilingual | MS Publisher | Restaurant | CDL (B) | Flagger (Cert.) | Dairy/Milker |
| Bill Collector | MS Word | Waitress | CDL Doubles | Flume Operator | Digger Driver |
| Bookkeeper | Power Point | General Labor | CDL Hazmat | Foundry | Farm Equipment |
| C.A.D.D | Programmer | Quality Control | CDL Tankers | Hazmat Training | Feedlot |
| Calculator | Quattro Pro | CONSTRUCTION | CDL Triples | Jack Hammer | Fieldwork |
| Cashier | Quick Books Pro | Asbestos | Dump Truck | Janitorial | Hand Line Irrigation |
| Data Entry | Quicken | Carpentry | Excavator | Lab | Harobed Hay stacker |
| Dictaphone | Windows 2000 | Carpet Installation | Forklift | Landscaping | Hogger |
| Filing Clerk | Windows XP | Com. Construction | Forklift Certified | Lawn Care | Laborer |
| Full Chg. Bookkeeper | Other: | Concrete | Heavy Equipment | Machinist | Machinery |
| Insurance | Other: | Construction Laborer | Loader | Maintenance | Maintenance |
| Legal Secretary | MISCELLANEOUS | Drywall | Low Boy | Mill Right | Orchard |
| Loan Officer | Auto Detailing | Fencing | Mechanic Auto | Palletizing | Pesticide Cert. |
| Managerial | Buffer/ Waxer | Flooring | Mechanic Certified | Parts Dept. | Piler Operator |
| Medical | C.N.A. | Framing | Mechanic Diesel | Pellet Yard | Quality Control |
| Payroll | Care Giver | Insulation | Mechanic Hydraulic | Pipe Fitter | Rake Operator |
| Receptionist | Child Care | Masonry | Road Construction | Plastic Assembly | Reel Irrigation |
| Retail | Custodian | Millwright | Skid Loader | Production | Sample Taker |
| Sales | Golf Course | Other: | Welder Certified | Receiving | Scale |
| Scale House | Grocery | Other: | Welding ARC | Refrigeration | Storages |
| Statements | Heating/Cooling | Painting | Welding MIG | Scale House | Swather Operator |
| Switchboard | Hotel Desk Person | Painting (Airless) | Welding Stick | Shipping | Topper |
| Technician | Hotel Housekeeper | Plastering | Welding TIG | Under Grnd. Sprinklers | Tractor |
| Telemarketing | Housekeeper | Res. Construction | SPECIALIZED TRAINING | | Vine Puller |
| Transcriptions | Pool | Rock Wall | C.P.R.Training | Forklift Safety | Warehouse |
| Typing | Rental Manager | Roofing | FIRST AID | Confined Space Training | Ranch |
| Word Processing | Sales | Siding | HAZMAT | Good Manufacturing Practices | Truck Driver |
| Other: | Security | Steelwork | MSHA | Lock Out/Tag Out | Viticulture/Grapes |
| Other: | Upholstery | Tile Installation | Other: | Other: | Other: |

Education

| | Name and Address of School | Years of Attendance | Did You Graduate | Subject Studied |
|--|----------------------------|---------------------|------------------|-----------------|
| Primary School | | | | |
| High School | | | | |
| College / University | | | | |
| Trade, Business or Correspondence School | | | | |

Have you ever been convicted of a felony within the past 10 years? Explain.

Have you ever been discharged from any employment? Explain.

I certify that the information given by me in this application is true in all respect, and I agree that if I am employed and it is found to be false in anyway, I may be subject to dismissal. I authorize the use of any information in this application to enable TEAM to verify my statements. I authorize past employers, doctors, references, and any other persons to answer all questions asked by TEAM concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages. I further agree that if employed, I will work faithfully and diligently. I will report to work promptly as assigned, and will work safely. I agree that my employment with TEAM does not guarantee regular full-time employment.

I authorize the agencies, companies, schools or persons named in this application to give any information regarding my employment, education, conviction records, or character. I hereby release TEAM, and said agencies, companies, schools, or persons from all liability for any damage resulting from using this information.

Applicant's Signature _____

Date _____

Name _____

Social Security Verification Form

Thank you for applying with Total Employment And Management.

It is important that the name and social security number you work with matches with what the Social Security Department has on your lifelong earnings records.

To ensure that you get credit for your earnings, please fill out this form and **provide** proper **photo identification** and a **social security card**.

Total Employment and Management also uses this form to verify that the Social Security card provided is **valid**.

Print name as it appears on your Social Security Card.

Print Name _____

Social Security Number _____ *Date of Birth* _____

Signature _____ *Date* _____

FOR OFFICE USE ONLY

Date Verified _____

Staff Initial _____



Welcome to Total Employment And Management (TEAM)! These policies and procedures are being furnished to you so that you will understand what is expected of you as a TEAM Employee. Acceptance of and agreement to abide by these policies and procedures are a condition of your employment. Failure to comply with any of these policies will be grounds for disciplinary action up to and including discharge. If you have questions about any aspect of your work as a TEAM Employee, contact your TEAM office.

- 1) Any person employed by TEAM and assigned to one of its Client companies is an Employee of **TEAM** and **NOT THE CLIENT**.
 - a) TEAM policy states that you are a TEAM Employee for at least 90 days, if Client chooses they may hire you after the 90 days. ~~NOTE THERE IS NO GUARANTEE THE CLIENT WILL HIRE YOU.~~
 - b) **If you have any problems or concerns regarding your assignment speak with a TEAM Account Coordinator**, not the Client.
 - c) TEAM offers equal employment opportunities to all applicants on the basis of skills, availability, experience, ability to perform tasks required of the job, and record of previous performance on assignments.
 - d) TEAM does not discriminate on the basis of gender, race, age, marital status, religious affiliation, ethnic origin, veteran status, pregnancy, or physical impairment.

- 2) If you find that you will be late reporting to an assignment, **immediately contact TEAM** so that they may notify the Client.
 - a) If it is past office hours, leave a message **TEAM has 24-hour paging service**.
 - b) Account Coordinators are here to help you; it is to your advantage to use them!
 - c) If you experience an emergency or illness that will cause you to miss a day of work or not be able to continue on your job assignment at all, immediately notify TEAM, **do NOT call the Client**.
 - d) You must give TEAM a minimum of **48 hours notice** in order for TEAM to obtain a replacement for you if you know you will have to miss a day or will not be able to complete a job assignment.
 - e) At TEAM we have a strict attendance policy. Violations of this policy are **“No 48 Hour Notification for Appointments”, “Not Calling in When Sick or Late”, “Not Showing up to Work”, and “Tardiness to Work”**.
 - f) **No call, no show, or continued tardiness** will be grounds for disciplinary action up to and including termination and loss of benefits.

- 3) TEAM makes no guarantee as to the length of assignment, or the number of hours you can expect to work.
 - a) It is understood that TEAM may not have continual assignments for all Employees.
 - b) As an Employee, you may decline a TEAM job assignment.
 - c) However, after 3 consecutive job refusals you will be considered a voluntary quit.
 - d) If you accept a job assignment and do not report for work or call TEAM, these actions will be considered job abandonment. **NO SHOW, NO CALL, NO JOB!**
 - e) Completion of an assignment is not considered termination.
 - f) You are to call TEAM immediately upon completing each job assignment.
 - g) Failure to do so will be considered job abandonment, and unemployment benefits may be denied in some states.
 - h) Repeatedly declining job assignments may be considered a voluntary quit and can also affect unemployment benefits.

- 4) Safety is primary. All Employees must comply with the Occupational Safety and Health Administration (OSHA) safety requirements relative to their job(s).
 - a) If you are not familiar with these requirements, ask the immediate job site supervisor.
 - b) Failure to comply with safety rules and regulations (including wearing safety equipment as instructed) will be grounds for dismissal.

- 5) You must immediately report any and all on-the-job injury you sustain **REGARDLESS OF THE NATURE OR SEVERITY** to TEAM and your Client job site supervisor. All Employees are required to exercise caution when handling equipment or property.

In the event of an injury, employees are to:

- a) Report to the nearest medical clinic or hospital for medical attention. If your job assignment is outside of Thurston County, report to the closest medical clinic to your job site.
- b) Subject to an immediate drug screen, if results are positive, employee shall acquire all drug screen cost. This will result in immediate dismissal, and employment eligibility will be forfeited for one year.
- c) Complete an employee accident report. Bring paperwork from the physician relative to you ability to perform your job.



- 6) The unauthorized possession, use of, or removal of property belonging to TEAM or any Client of TEAM will be grounds for dismissal.
- 7) Transfer, sale, receipt, possession, impairment from use of, or having present internal drugs or traces of, legal or illegal, while on Company premises is not permitted.
 - a) This includes all behavior-altering substances that could influence job performance.
 - b) Violation of this policy is grounds for suspension pending investigation.
 - c) If you are taking prescribed medicine(s), you must notify TEAM.
 - d) Team may conduct random drug screening at their discretion. Refusal of Drug Screening is grounds for termination.
- 8) Team may conduct random drug screening at their discretion. Refusal of a drug screen is grounds for termination. If results are positive, employee shall assume all drug screen cost. This will result in immediate dismissal, and employment eligibility will be forfeited for one year.
- 9) Possession of weapons, along with provoking or participating in a fight is prohibited at TEAM and/or Client locations.
- 10) All employees shall respect the confidentiality of the Client's business. A breach of confidentiality will be grounds for dismissal.
- 11) All employees are advised to clock into work 15 minutes prior to their shift starting. Employees are expected to be on time at their work station for start-up. An employee, who reports later than the shift starting time, will be penalized in pay by 15 minute increments.
- 12) Deliver your properly completed and signed timecard(s) no later than 7:30a.m. Monday for the previous week (Unless an Account Coordinator has indicated that time cards will be picked up by a TEAM staff member).
 - a) Failure to do so may result in being paid at least one week later.
 - b) As an Employee, you agree to accept your paycheck, including the hours recorded on the accepted time card, on the appropriately assigned payday, no matter what day your assignment ends.
 - c) **No paycheck will be released to anyone other than the Employee.** If you are not able to pick up your paycheck on the assigned payday, please call by the Wednesday prior to that payday, and we will arrange to have you check mailed to you.
 - d) Paychecks will be available for pick-up on Friday from 7:30 am to 4:30 pm only. NO checks will be given out earlier unless the office will be closed on Friday.
 - e) If job assignment has been completed, termination has occurred, or a voluntary quit, final paycheck and employee separation notice will be available at TEAM office on assigned payday.

12) **A photo copy of your Social Security Card & Valid I.D. is requested for wage and tax purposes.**

REMINDER

- YOU ARE A TEAM EMPLOYEE FOR AT LEAST 90 DAYS.
- IF CLIENT CHOOSES TO HIRE YOU, THEY MAY DO SO AFTER THE 90 DAYS.
- AGAIN!! WE DO NOT GUARANTEE THAT THE CLIENT WILL HIRE YOU AFTER THE 90 DAYS.

By signing you acknowledge that you understand this statement.

I have read the above policies and procedures and agree to abide by each while employed by TEAM.

Employee Signature

Date



"Maintaining the Balance between Employer and Employee"

720 SE Sleater-Kinney Rd. – Lacey, WA 98503 – (360)456-0334

The undersigned applicant/employee is hereby notified that TEAM (Employer) may obtain an investigative consumer report for employment purposes through ACRAnet CBS Branch. Such report may include information as to character, general reputation, and history of criminal convictions, employment, education professional license, and credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes TEAM to obtain an investigative consumer report through ACRAnet CBS Branch for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

Print Name: _____

Former Names/Maiden Name: _____

Social Security Number: _____

Date of Birth _____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act)

Driver's License # (if applicable) _____

State of Issue _____

Signature _____ Date _____

Note: The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRAnet CBS Branch, Incorporated does not intend for this information and the related attachments to be construed as legal advice. WE urge all subscribers to review their procedures and documents with their respective legal counsel.



REFERENCE VERIFICATION FAX REQUEST

- T.E.A.M Applicant: Please complete the top portion of this form
- Previous Employer: Please complete the bottom portion of this form and return it to Total Employment and Management

Previous Employer _____

Supervisor/Attention: _____ Fax _____

Telephone No: _____ City, State, Zip Code: _____

Name: _____ Social Security Number _____

Job Title: _____

Dates of Employment: _____ / _____ to _____ / _____

I authorize this previous employer to release the requested information to T.E.A.M.; (Total Employment and Management), and I release all parties from any associated liability.

Applicant Signature _____

Date _____ / _____ / _____

Attention Human Resource Department,
 The above-named individual has applied for employment with our company and has given your name as a former employer. We would appreciate your assistance in determining his/her qualifications by providing the information requested below. Please note the applicant has authorized the release of this information. Thank you for your time.

| | Outstanding | Above Average | Average | Below Average | Unsatisfactory | Not Sure |
|------------------|-------------|---------------|---------|---------------|----------------|----------|
| Work Performance | | | | | | |
| Attitude | | | | | | |
| Dependability | | | | | | |
| Initiative | | | | | | |

Dates of Employment Correct? _____ Yes _____ No If no, correct dates _____ to _____

Job Title Correct? _____ Yes _____ No If no, correct title: _____

Ending Salary Correct? _____ Yes _____ No If no, correct ending salary _____

Is the Applicant eligible for rehire? _____ Yes _____ No

Duties Performed: _____

Signature _____ Title: _____

Date _____

Please return this form to Total Employment and Management at (360) 456-0334