



APPLICATION FOR EMPLOYMENT
BLACK EYE STAFFING
Telephone : (323) 562-3602 Fax: (323) 771-2380
Email: blackeyestaffing22@gmail.com

APPLICATION DATA

Name: _____ Date: _____ Hire Date: _____

Address: _____
Street City, State Zip Code

Telephone No: _____

Email: _____

Social Security No: _____

Position applied for: _____ Salary desired: \$ _____

Have you ever worked for this company? ☐ Yes ☐ No

If yes when? _____

Are you a Citizen of the United States? ☐ Yes ☐ No

If not, are you legally allowed to work in the United States ☐ Yes ☐ No

Can you work nights/weekends? ☐ Yes ☐ No

Are you available to work on holidays? ☐ Yes ☐ No

Type of employment desired: ☐ Full –Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Date available to begin to work: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever served in the armed forces? ☐ Yes ☐ No

Have you ever used drugs? ☐ YES ☐ No

If so, have you used in the past year? ☐ Yes ☐ No

Driver’s License No.: _____ State of Issue _____ Exp. Date ____/____/____

EDUCATION

	Name & Location of School	Diploma/Degree	Year of Graduation
High School			
Post High School			
Vocational/Technical			



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Do you speak more than one language?
If so what language(s) _____

WORK HISTORY

List below current and the last three employers, starting with the most recent one first. Please include any non-paid voluntary experience, which is related to the job for which you are applying.

Date From To	Employer	Location	
Title	Duties		
Supervisor’s Name	Telephone No.	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Salary	Ending Salary		
Reason for leaving:			

Date From To	Employer	Location	
Title	Duties		
Supervisor’s Name	Telephone No.	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Salary	Ending Salary		
Reason for leaving:			

Date From To	Employer	Location	
Title	Duties		
Supervisor’s Name	Telephone No.	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Salary	Ending Salary		
Reason for leaving:			

In addition to your work history, what other experiences, volunteer work, skills or qualifications would especially fit you for work with this company? _____



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REFERENCES

List three professional references, which you have known at least one year.

Name	Telephone and/or Email	Relationship		Years Known
Name	Telephone and/or Email	Relationship		Years Known
Name	Telephone and/or Email	Relationship		Years Known

AUTHORIZED TO PROVIDE INFORMATION

I authorized BLACK EYE STAFFING to conduct a complete background investigation in order to assess my eligibility for a position requiring a high level of reliability and trustworthiness. I authorized all persons who may be have information relevant to this investigation, including employers and others to disclose it (including photocopies where requested) to BLACK EYE STAFFING. I hereby release and hold harmless from liability all persons on account of such disclosure. I understand that the investigation may include verification of past employment review of personal records maintained by any prior employer, education, and opinions of references. This authorization shall be valid for a period of time not to exceed one year following the date indicated below or until employment is terminated, whichever occurs first. The release and hold harmless contained herein shall remain in full force and effect with respect to all disclosures provided within this time period.

I authorize that a problem of my signature of my signature below may be used to obtain information regarding the investigation.

I authorized that the information contained in this Employment Application Summary is truthful to the best of my knowledge, and understand that any and /or all information provided is subject to investigation and verification. Should information provided prove to be false, I understand that employment with Black Eye Staffing may be terminated.

I hereby affirm by submitting this application I agree to submit to medical evaluations and /or examinations, including test for the presence of the illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the company and as often as directed during employment.

Signature of Applicant: _____ Date _____



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EQUAL OPPORTUNITY EMPLOYER

BLACK EYE STAFFING is an equal opportunity company. It is our policy to select the best qualified people for each position. No employee of this company will discriminate against for employment or a fellow employee because of race, color, religion, sex, national origin, ancestry, age, sexual identification or any other physical or mental disability. No employee of this company will discriminate against any applicant or fellow employee because of a person's veteran status. This Policy applies to all employee practices and personal actions including advertising, recruitment testing, screening, hiring, selection for training, upgrading, transfer, demotion, layoff, termination, rates of pay, and forms of compensation or overtime.

BLACK EYE STAFFING will not allow any form of sexual harassment or any such conduct that has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Such Conduct, when experienced or observed, should be reported immediately to the supervisor/ manager or personal department. The Office will conduct an investigation and will be required to report the findings to the owner of his or her appointed representative. The Privacy of the employee filling to the report and the employee under investigation shall be respected at all times consistent with the obligation to conduct a fair and thorough investigation.

Any intentional sexual harassment is considered to be a major violation of company policy and will be dealt with accordingly by corrective counseling and/ or suspension or termination, depending on the severity of the violation.

It is the intent of BLACK EYE STAFFING to provide a work environment free verbal, physical and visual form (e.g., signs, posters, or documents) of sexual harassment and an environment free of harassment, intimidation or coercion in any form. All employees are expected to be sensitive to the individual rights of their co-workers.

Employee Signatures: _____

Date: _____

Witness: _____

Date: _____

POLICY MANUAL

I have received my copy of the Policy Manual that outlines the policies, practices, and guidelines of the company, and I have read and understood the information contained in the manual.

Since the information in this manual is necessarily subject to change as situations warrant, it is understood that changes in the manual may supersede, revise, or eliminate one or more of the policies in this manual. These changes will communicate to me by my supervisor or through official notices. I accept responsibilities for keeping informed of these changes.

Employee Signatures: _____

Date: ____/____/____

CONFIDENTIALITY COMPLIANCE

Employee _____ does hereby understand that all information dealing with BLACK EYE STAFFING Services is **Confidential**. In addition, all clients' information will also be kept confidential. Employee _____ also understands that he/she will not have any authorized contact with any BLACK EYE STAFFING client.

- ☐ Employee will advise supervision of any outside employment and receive written permission first.
- ☐ Employee will not give any client information to anyone.

Employee Signature: _____

Date: ____/____/____

Witness: _____

Date: ____/____/____

Second Witness: _____

Date: ____/____/____ =



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REASONS FOR ARREST

Check the box of the following acts, for which you have been ARRESTED OR CHARGED (check all that apply). Admissions to some of the acts will not automatically disqualify an applicant from employment. However, any false statements or omissions may disqualify you for employment.

- Arson
- Assault and/ or battery
- Burglary
- Cruelty to animals
- Extortion
- Murder
- Kidnapping
- Vandalism
- Driving under influence of alcohol or drugs
- Possession or consumption of illegal drugs other than marijuana
- Illegal possession or consumption of any controlled substance (to include prescription medication, not prescribed to you)
- Any sex crimes (including Rape, Child Molestation, Incest, Aggravated Sodomy,” peeping tom”, public indecency, etc.)
- Robbery
- Passing bad checks
- Identity theft or fraud
- Shoplifting
- Theft from a employer
- Auto theft
- Any other thefts
- Stalking
- Sale of Illegal drugs
- Possession or consumption of marijuana

PROVIDE DETAILS (If more space is needed, please attach additional pages)

Act (if more than one was checked above) _____ Date of act: ____/____/____

Age at time of act: _____

Number of times act was committed: _____

Act _____ Date of act: ____/____/____

Age at time of act: _____

Number of times act was committed: _____