



The Works, Inc.

Recruitment and Staffing Solutions

208-C So Oak St, Ukiah, CA 95482

906-C So Main St, Lakeport, CA 95453

phone: (707)467-0117

fax: (707)467-0197

phone: (707)376-8372

EMPLOYMENT APPLICATION

Date: _____

PERSONAL INFORMATION:

Name: _____ SS#: _____

PLEASE INCLUDE: First Name, Middle Name, Last Name and JR/SR/etc.

Physical Address: _____ City/State _____ Zip _____

Mailing Address: _____ City/State _____ Zip _____

Home Phone: (____) _____ Cell: (____) _____ Text ok?

Cell Provider

Email Address: _____ Message: _____

Emergency Contact: _____ Phone: _____

EMPLOYMENT DESIRED:

Position Desired: _____ Salary desired: \$ _____ p hr.

Date you can start: _____ Days Available: Mon Tues Wed Thur Fri Sat

Who referred you to us? Name: _____ Website ___ Online Search ___ Radio ___

Have you applied with us before? _____ If so, When: _____

Are you employed now? _____ **If so, may we contact your employer?** _____

Can you perform the essential functions of the job you are applying for? Yes No

If no, what can be done to accommodate you? _____

What languages do you know?

English Yes / No I can: speak ___ write ___ transpose ___

Spanish Yes / No I can: speak ___ write ___ transpose ___

Other _____ speak ___ write ___ transpose ___

Please take a moment to write a comment about yourself: Your job interests, the job skills you bring to The Works Inc and why you would like to work for our company.



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EDUCATION: High School: _____ years College: _____ years Degree: _____

School Names:			
Course of Study			
Certificates/Comments			

FORMER EMPLOYERS: List the last three employers, starting with present or most recent to cover at least 1 year.

Dates worked Month/Day/Year	Name and Address	Phone	Position	Reason for leaving
From: To:				
From: To:				
From: To:				

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Years Acquainted

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, understand and agree that my employment is for no definite period and may, at the discretion of The Works Inc/MLS be terminated at any time without any previous notice.

Information Release: I hereby authorize The Works Inc/MLS to release to its clients and/or other necessary third parties any and all information about me gained from my application, interview, past employment records, and/or other methods of contact during the registration process. I understand that The Works Inc/MLS will release this information only in a good-faith effort to assist my professional advancement, to accurately represent me and my skills, and to negotiate on my behalf.

Drug Authorization and consent: I hereby authorize and give my permission to have The Works Inc/MLS and or its medical company physician send a specimen of my urine and/or blood to a laboratory for a screening test using N.I.D.A. standards for the presence of illegal drugs, alcohol or prescription medication taken without a prescription. All parties are held harmless by me regarding job acquisition, submission to drug testing or test result reporting. This authorization and consent has been explained to me in a language I understand and all questions regarding this test have been answered. I understand that The Works Inc/MLS requires drug screen testing when an on-the-job injury or accident occurs and is reported in accordance with The Works Inc/MLS policy and this authorization and consent. I also understand that if I test positive for any illegal drugs after an on the job injury, there will be no insurance coverage available to me through The Works Inc/MLS for the medical or lost time expenses incurred from my injury. My refusal to submit to drug testing will be grounds for termination.

Signature _____

Date _____



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EMPLOYMENT VERIFICATION

I hereby authorize and give my permission to allow The Works Inc/MLS to use this form for employment verification of my previous employers.



Signature _____

Date _____

***** Employees: Do not fill out the section below *****
To be completed by Employers only.

Employer: The named individual has applied to The Works Inc/MLS for employment. We would appreciate the time you spend to fill out this questionnaire. Information provided below will assist in our evaluation and job placement regarding this employee. Please return this verification of employment form by: Fax (707) 467-0197, OR mail to The Works Inc/MLS P.O. Box 745, Ukiah, CA 95482. **Thank you!**

Employee name: _____ SS # (last 4)XXXX-XX-_____

Previous Employer Company: _____ Contact Person: _____

Dates of Employment: From _____ To _____ verified

Jobtitle or dept: _____ verified

Duties/responsibilities: _____ verified

Eligible for rehire? _____ Reason for leaving: _____

Please rate this employee according to the following criteria:

Criteria – Comments:	Excellent	Good	Fair	Poor
Attendance				
Punctuality				
Quality of Work				
Productiveness				
Job Knowledge				
Accuracy				
Adaptability				
Initiative				
Dependability				
Attitude				

Comments: _____

Signature: _____ Title: _____ Date: _____



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Policies & Procedures



Applicant Name: _____

Thank you for your interest in e Works Inc/MLS. We are happy to assist you in seeking work. Our company operates as a co-employer with KBS Staffing who handles our worker's compensation coverage and taxes. Please read through the following and sign if you agree.

Policies and Procedures Checklist

I am telephone accessible Yes No Best # to call me at: _____

I have reliable transportation. Yes No My transportation: my car walk bike bus other: _____
(circle)

I understand that I am expected to complete any job assignment that I accept. If I do not complete the assignment, The Works Inc/MLS can assume that I voluntarily quit.

I understand that I am an employee of The Works Inc/MLS. Only MLS/KBS and/or I can terminate my employment. When an assignment ends, I must report to The Works Inc/MLS office for my next job assignment. Failure to do so or failure to accept my next job assignment will indicate that I have voluntarily quit and, therefore, will not be eligible for unemployment benefits.

I thoroughly understand The Works Inc/MLS's strict "NO DRUGS" policy. I have signed a form by which I consent to drug testing. I understand that failure to comply with this agreement will be grounds for my immediate termination. I also understand that there will be a drug test performed after any on the job injury.

Once I accept a job through The Works Inc/MLS, I agree to obtain a time sheet from their office. Unless special arrangements have been made, I understand that The Works Inc/MLS will not recognize or pay for any hours unless The Works Inc/MLS time sheet is appropriately completed and signed by the client and employee.

If, for some unexpected reason, such as emergency or illness, I cannot perform my duties or will be late, I will contact The Works Inc/MLS at 707-467-0117 as soon as possible so that a replacement can be located. I understand that I am to leave a message if there is no answer. Failure to notify The Works Inc/MLS of my unavailability may be grounds for dismissal and/or an indication of my resignation.

If I sustain an injury on the job, I will inform the client and The Works Inc/MLS, immediately. The Works Inc/MLS will coordinate with the client and me on the proper procedure for treatment and for the reporting of the incident.

In order to be paid in a timely matter, **time sheets are to be turned in no later than Monday 12:00 noon following the week I worked.** Late time sheets will not be paid until the next payroll date. I understand that I am not to accept any monies from the client I work for, I will be paid in full by TWI/MLS. I am aware that The Works Inc/MLS, pay period begins Monday and ends on Sunday. My check will be ready on Friday following the week worked (unless other arrangements are made). **If I do not work a regular schedule each week, I understand that my work schedule is to be provided to TWI every week Prior to the First day of work for the week.**

I have read and fully understand the statements above regarding The Works Inc/MLS policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize insurance benefits.

Applicant Signature

Date