



NEW EMPLOYEE APPLICATION

Employee Name _____

Social Security Number: _____ Birth Date: _____

Street Address: _____ Apt/PO Box: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Alt. Phone # _____

Email Address: _____

Emergency Contact: _____ **Relationship:** _____

Phone Number: _____

How did you hear about us? _____

Position Applied For _____ Desired Salary _____

Date Available _____ Available for overtime? Y or N

Are you a U.S. Citizen Y or N If no, are you authorized to work in U.S.? Y or N

Have you ever worked for this company? Y or N If yes, when? _____

Have you ever been convicted of a felony? Y or N If yes, please explain:

EDUCATION

High School _____ Did you graduate: Y or N

College _____ Did you graduate: Y or N



EMPLOYMENT HISTORY

Company _____ Phone _____

Address _____

Job Title _____ Salary \$ _____

From _____ to _____ Supervisor _____

Reason for Leaving _____

May we contact Y or N

Company _____ Phone _____

Address _____

Job Title _____ Salary \$ _____

From _____ to _____ Supervisor _____

Reason for Leaving _____

May we contact Y or N

Company _____ Phone _____

Address _____

Job Title _____ Salary \$ _____

From _____ to _____ Supervisor _____

Reason for Leaving _____

May we contact Y or N



Complete page, sign, and date at bottom if direct deposit desired.

Direct Deposit Agreement

Employee Name: _____

SSN: _____

Name of Financial Institution: _____

Route/Transit #: _____ Account #: _____

Bank Account Type (Please Circle): Checking Savings

Attach a voided check for the account(s) you would like to use. **DO NOT attach a deposit slip.** If you choose a savings account, ask your bank to provide you with a form that show the transit number and account number in proper format. **We cannot process your direct deposit without the Supporting Documentation of your financial institution.**

I hereby authorize Alliance Personnel Agency to initiate automatic deposits to my account(s) at the financial institution(s) named above. **With the authorization and acceptance of a \$2.00 processing fee per weekly deposit.**

Further, I agree not to hold Alliance Personnel Agency responsible for any delay or loss of funds due to incorrect or incomplete information supplied to me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

By signing this form I authorize Alliance Personnel Agency to initiate credits and to adjust, if necessary, any entry made in error without express written authorization. **Direct deposit will not be available if not on active assignment.**

This agreement will remain in effect until Alliance Personnel Agency receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the payroll department.

Employee Signature: _____

Date: _____



Employee Acknowledgments and Agreements

I acknowledge and agree that I have been hired as an at-will employee of Alliance Personnel Agency (APA). There is no contract of employment which exists between me and the client to which I have been assigned and there is no contract of employment between APA and me. APA has no liability regarding any employment agreement. I further understand and agree that the Client, APA or I can terminate our employment relationship at any time as I am an at-will employee. I have been informed and I agree that if my assignment with any APA client to which I am assigned ends for any reason, I must report back to APA within seventy-two (72) hours for possible reassignment and that unemployment benefits may be denied if I fail to do so.

INITIAL _____

Prohibition Against Discrimination & Harassment Agreement

I also agree that if at any time during my employment I am subjected to any type of discrimination because of race, sex, age, religion, color, retaliation, national origin, handicap, disability or marital status, or if I am subjected to any type of harassment including sexual harassment; I will immediately contact an appropriate person of the Client, the president or owner of the company and/or my supervisor, as well as APA. I understand and agree that my company and APA are responsible for investigating my complaint and taking appropriate action.

INITIAL _____

Client Commitment and Probationary Period

APA is held to a quality standard by its clients. While on assignment at APA, I agree to a 90-day probationary period. During the first 90 days of assignment, I agree that if I am tardy by 10 minutes or more, leave the facility before the scheduled shift time is over without notice, No Call No show to assignment or shift, or walk off the assignment, APA will reduce my pay to state applicable minimum wage (or the legally required minimum salary.) It is important that you notify your APA representative, if you are going to be late, cannot make it, with reasonable notice of at least 2 hours before scheduled shift.

INITIAL _____



Safety Rules Agreement

I agree to obey the safety rules and to exercise caution in all work activities. In addition, I will comply with all occupational safety and health standards and regulations established by the Occupational Safety and Health Act and state and local regulations. I will immediately report any unsafe condition to the appropriate supervisor and/or APA Human Resources professional.

INITIAL _____

Workers' Compensation/On-the Job Injury or Illness Acknowledgement

In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of APA or against APA based on the same injury or injuries and to the extent permitted by law. I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of APA or against APA for damages based upon injuries which are covered under such workers' compensation statutes. I also agree to comply with any drug testing policy which my company or APA may adopt, and I specifically agree to post-accident drug testing in any situation where it is allowed by law.

Employee Signature _____ **Date** _____

RELEASE OF BACKGROUND INFORMATION

I, the undersigned, do hereby grant full authority and permission to APA to inquire into my personal background, including but not limited to prior employment, criminal, credit, Immigrant/Citizen work status (E-Verify), driving, worker's comp., educational history, and information regarding my general character and reputation, as they see fit. I release all providers of such information from any liability for providing same. I understand the information provided may be reviewed initially and periodically and reported to my prospective employers on assignments. I agree falsification may make me ineligible for employment or subject to immediate dismissal. I further acknowledge APA is relying on 3rd party information and I therefore release them from any and all liabilities from any decisions made based on the information provided or for any liability arising out of errors or omissions on the information provided, regardless of the source. I understand, \$20 will be deducted from my first paycheck.

Signature _____ **Date** _____



CONSENT TO DRUG/ALCOHOL SCREEN

I, the undersigned, do hereby agree I have been given notice by APA that, in the event an injury occurs while working on an assignment, I will be subject to a drug and/or alcohol screen immediately after the injury occurs. I agree, if I refuse to submit to or have a positive drug or alcohol screen, this will disqualify me from any claim under Worker’s Compensation Laws and I release fully and completely indemnify APA from any liability for any such injury.

I, the undersigned, do hereby agree to submit to and complete a drug screen test for the presence of illegal drugs. I voluntarily and knowingly waive any privacy rights I may have. I agree that any offer of employment received is conditioned upon successful completion of the test. I release APA from any and all liabilities from any decisions made based on the results of the drug test or for any liability arising out of errors or omissions on the test, regardless of the source. I understand, \$10 will be deducted from my first paycheck.

Signature _____ **Date** _____