



We can represent you to our employers only as well as you represent yourself to us, so please PRINT in pencil; fill out in detail, and sign reverse side.

Email: _____
 Cell Phone: _____

Job Type
 Permanent Job
 Temp-Hire
 Temporary
 Contract

Date _____
 Interview _____
 A _____
 G _____

****CONFIDENTIAL INFORMATION****

Last Name (Please print)		First Name		Initial		Home Phone		Business Phone		Social Security		<input type="checkbox"/> Can Begin Immediately <input type="checkbox"/> If No, When?		<input type="checkbox"/> Have Resume <input type="checkbox"/> Don't have Resume <input type="checkbox"/> Will Make Resume	
Where do you reside and how long have you lived there?				Years/Mos.		City		Zip Code		Alternate Phone					
Whom can we notify in case of an emergency? Name: _____ Address: _____ Phone: _____						Desired Salary: \$ _____			Position Desired:						
Are you licensed to practice any trade or profession? Yes No		License issued by: Expiration date: _____				Least Acceptable: \$ _____			Second Choice:						
Education		Name of School		Location (City & State)		GPA	Graduate?	Degree Title	Major Subjects or Minor						
High School							[] Yes [] No								
College or University							[] Yes [] No								
College or University							[] Yes [] No								
Others: Graduate School, Military, Technical, Trade							[] Yes [] No								
Work History		Present or Last Position			Next to Last Position			2nd to Last Position				Bondable? Yes No Are you 18 or above? Yes No			
Dates Employed		From	To	From	To	From	To					If hired, can you furnish proof of age? Yes No			
Company Name												Drivers License: Class A Class B Class C State: _____ # _____			
Company Address												No. of traffic tickets in last three years?			
Supervisor Name & Title		Company Phone	Supervisor's Phone	Company Phone	Supervisor's Phone	Company Phone	Supervisor's Phone					Foreign Language Read Write Interpret Speak			
Salary		Now \$	Start \$	Now \$	Start \$	Now \$	Start \$					Have you ever had security clearance? If yes, where?			
Commission or Bonuses		Now \$	Start \$	Now \$	Start \$	Now \$	Start \$					Smoker Non-Smoker			
Annual or Yearly		Now \$	Start \$	Now \$	Start \$	Now \$	Start \$					Transportation for your use? Yes No May we check references? Yes No Drug screening? Yes No			
Your Title												When requested can you provide genuine documentation establishing your eligibility to be legally employed in the United States? Yes No			
Exact Duties You Perform												How did you hear about Evins? Newspaper Radio/TV Internet Friend Telephone Book Other _____			
Accomplishments												What do you feel are your strongest measurable skills?			
Company Product or Service												What are your weakest measurable skills?			
\$ Volume in Millions		Company	This Division	This Location	Company	This Division	This Location	Company	This Division	This Location					
No. of Employees		Total Here	This Dept.	You Superv'd	Total Here	This Dept.	You Superv'd	Total Here	This Dept.	You Superv'd					
Reason for Leaving												What task did you like most about your last job?			
Two of Your Competitors		1.		1.		1.						What task did you like least about your last job?			
		2.		2.		2.									
References (Your Business Contemporaries)		Occupation			Company			Telephone		Address		City			
Pers.		Amb.	Mat.	Conv.	App.	Dr.	Att.	Ov. Cl	Are you more interested in: Money Benefits Location Security Challenges Advancement			Hobbies, Outside Interests, Sports			

Reference Check Authorization

I hereby request that you furnish EVINS PERSONNEL CONSULTANTS, INC. the necessary information concerning my employment and I hereby release you and Evins Personnel Consultants, Inc. from any and all liability for all damages resulting from the information provided.

Company Name	Contact	Telephone	Years Known
1.			
2.			
3.			

Signature: _____ Date: _____

I affirm that all facts and statements given in my own handwriting along with any attachments, resumes or other data furnished by me are accurate and true. Any false statements are grounds for dismissal if I am offered employment. I understand that Evins does not guarantee I will be referred for employment of any type, hired or placed in any position. I agree that I shall hold all information received from EVINS in strict confidence and for my own exclusive benefit. I will notify EVINS immediately regarding the results of any interview arranged for me by the agency.

Signature: _____ Date: _____

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected classifications):

List any additional information you would like us to consider:

Where have you applied, or you do not want us to contact for you?

EVINS TEMPORARIES (EVINS)

If you wish to be considered for Temporary, Contract, or Temp to Hire positions, please read and sign below:

Evins is a drug free workplace and does random drug testing.

(1) It is understood that Evins Workers' Compensation insurance is in effect for me only when on assignment for Evins.

(2) I understand that if I am offered employment, I will be working for Evins on its payroll at its client's office. Evins cannot guarantee the number of hours that I will be assigned on a daily or weekly basis.

(3) I agree to notify Evins by telephone within 8 hours at the end of each job assignment. If I fail to give said notice, Evins may assume that I am neither ready, willing, able nor available for work. Unemployment benefits may be denied for failure to report back for reassignment.

(4) It is understood that Evins is not an employment agency, and that the service it renders is made possible only by a substantial investment in advertising and testing for a large staff of personnel. Therefore, in consideration of my being employed by Evins, should I accept employment with a firm to which I have been assigned by Evins, and should this acceptance occur prior to completing 750 hours on this assignment, I agree to pay a release fee in accordance with the published placement fee schedule currently in effect at Evins Personnel Consultants. It is understood that should the firm pay my release fee, I would not be obligated to do so.

(5) I request that Evins withhold any deductions from my salary that are required by law to be deducted by employers. Any paycheck not picked up will be sent to me by regular mail. I request that if my check is lost in the mail, I authorize the stop payment fee to be withheld from my **replacement check**.

(6) Evins may withhold and deduct any monies owed to Evins **including safety items and keys**.

(7) Each employee shall comply with occupational safety and health standards and all rules, regulations and orders which are applicable to the employee's own actions and conduct. Failure to comply with safety regulations will result in immediate dismissal.

(8) I will not, while on assignment through Evins, accept responsibility for cash, checks, or keys, or be responsible for an unattended worksite, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without the express prior written permission of Evins. Should I be asked to do so, I will notify Evins immediately.

(9) I will not, while on assignment through Evins, operate my vehicle as part of my assigned duties nor will I operate a client's vehicle as a part of my assigned duties. Should I be asked to do so, I will notify Evins immediately.

Signature of Applicant: _____ Date: _____

If a dispute arises out of or relates to my application for employment, any employment received through Evins (or its divisions and/or affiliates), my separation from employment through Evins (or its divisions and/or affiliates), or the breach of the relationship between myself and Evins (or its division and/or affiliates); and, if the dispute cannot be settled through negotiation, the parties, both Evins (or its divisions and/or affiliates) and myself, agree first to try in good faith to settle the dispute by mediation. If agreement cannot be reached through mediation, any unresolved issues will be submitted for final binding arbitration.

I acknowledge and understand that by signing this agreement I am giving up the right to a jury trial on all of the claims covered by this Agreement in exchange for the benefit of a speedy, impartial, mutually-binding procedure for resolving disputes.

Signature of Applicant: _____ Date: _____

Orientation Package

- 1. Assignment procedure , instructions, dress code (on time) _____
- 2. General Information
 - a. Workers' Compensation insurance (covered only when on Evins assignment). Incidents must be reported within one (1) hour. _____
 - b. Safety policies signed. _____
 - c. Waivers signed, dated and completed. _____
 - d. W-4 completed, signed and dated. _____
 - e. I-9 completed, signed and dated. _____
 - f. Salary range discussed. _____
 - g. Time cards and pay periods. _____
 - h. No guarantee of hours assigned. _____
 - i. Direct deposit. _____
 - j. Eligibility. _____
 - k. Reference check authorization signed and dated. _____
- 3. Application completed and verified. _____

Signature of Applicant: _____ Date: _____

Signature of Interviewer: _____ Date: _____