

College Harbor Staffing, L.L.C.

Application for Employment

College Harbor Staffing, L.L.C. (CHS) voluntarily complies with Federal, State, and local laws prohibiting employment discrimination because of sex, age, race, color, religion, citizenship, marital status, pregnancy, national origin, veteran status, or non-impairing physical disability.

(Please type or print in ink)

PERSONAL INFORMATION

Date:		Social Security Number:	
Last Name:		First Name:	Middle Name:
Current Address:		City:	State: Zip Code:
Permanent Address: (if different from above)		City:	State: Zip Code:
Home Phone:	Business Phone:	Cell or Alternate Phone:	
Upon employment, can you submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever used another name for employment purposes? Please indicate name used: (For possible use in previous employment inquiries)			
Position(s) applied for:			
Salary/Wage Requirement:		Date available to start:	
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary			
Please specify the days and hours you are <i>not</i> available to work:			
Have you ever applied with CHS or any of its affiliates? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, when:			
How were you referred to this organization?:			
If you were referred by an employee, please list their name:			

EDUCATION

	Name & Location	Course of Study	Did you graduate?
High School			Yes <input type="checkbox"/> Grade No <input type="checkbox"/> Average: Still Attend <input type="checkbox"/>
College			Yes <input type="checkbox"/> Degree: No <input type="checkbox"/> Grade Still Attend <input type="checkbox"/> Average:
Other (Specify)			Yes <input type="checkbox"/> Degree: No <input type="checkbox"/> Grade Still Attend <input type="checkbox"/> Average:

EMPLOYMENT HISTORY

List all jobs, activities, and other experience, including volunteer work, part-time employment while in school, US Military Service and self-employment for the past 10 years. List most recent employment first.

**Please answer all questions in this section. Do not put "see resume".
(Attach a separate piece of paper to continue employment history, if necessary)**

Employer # 1:(Present or most recent)			
Street Address:	City:	State:	Zip Code:
Supervisor (Name & Title):			
Your Job Title:			
Description of your duties:			
Employed from (mo/yr):		To (mo/yr):	
Reason for leaving:			
Beginning Base Rate: \$		per	
Ending Base Rate: \$		per	
May we contact your present employer for references?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
May we contact you at your present place of employment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Phone number:			

Employer # 2:			
Street Address:	City:	State:	Zip Code:
Supervisor (Name & Title):			
Your Job Title:			
Description of your duties:			
Employed from (mo/yr):		To (mo/yr):	
Reason for leaving:			
Beginning Base Rate: \$		per	
Ending Base Rate: \$		per	
Phone number:			

Employer # 3:			
Street Address:	City:	State:	Zip Code:
Supervisor (Name & Title):			
Your Job Title:			
Description of your duties:			
Employed from:(mo/yr)		To: (mo/yr)	
Reason for leaving:			
Beginning Base Rate: \$		per	
Ending Base Rate: \$		per	
Phone number:			
May we contact the employers listed above?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, indicate by # which one(s) you do not wish us to contact:			
Please explain why we should not contact:			

Have you ever been convicted of a felony or misdemeanor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
(A conviction will not necessarily disqualify an applicant from employment)			

ADDITIONAL EMPLOYMENT INFORMATION

List office/computer/equipment skills, experience, qualifications, currently valid professionally-related certifications/licenses, business or organizational memberships, internships, extracurricular activities or volunteer work that are job related. Exclude those which reveal race, sex, religion, national origin, age, disability, or other protected status:

REFERENCES

List three persons familiar with your professional ability whom we may contact. Please exclude relatives.

Name:		Home Phone:
Address (City, State, Zip):		
Employed by:	Position:	Daytime Phone:
How long have you known this person?		
This person was my: ___ Co-worker ___ Supervisor ___ Teacher ___ Other (please explain)		

Name:		Home Phone:
Address (City, State, Zip):		
Employed by:	Position:	Daytime Phone:
How long have you known this person?		
This person was my: ___ Co-worker ___ Supervisor ___ Teacher ___ Other (please explain)		

Name:		Home Phone:
Address (City, State, Zip):		
Employed by:	Position:	Daytime Phone:
How long have you known this person?		
This person was my: ___ Co-worker ___ Supervisor ___ Teacher ___ Other (please explain)		

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company?

Yes

No

If yes, please explain:

This application will not be accepted unless the following section is signed.

-I authorize the references listed in this application to give CHS any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

-I understand that a routine investigation may be requested by CHS in processing my employment application. I authorize CHS to collect information about me in connection with this application for employment, including employment and criminal background checks. I understand this may also include, as appropriate, medical examinations and tests, including drug tests.

-I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

-I understand that if I am hired by CHS, my employment or compensation can be terminated or changed with or without cause and with or without notice, at any time, at the option of either CHS or myself and no representative of CHS has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the above understanding.

-I understand that if I am hired by CHS, I will conform and abide by the rules and policies of LMC.

-I understand that any job offer with CHS is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.

-I understand and agree that, except as provided above, all benefits, programs, rules, and policies of CHS are subject to exceptions or change at will at any time as decided by CHS.

Date: _____

Signature of Applicant: _____

Print Name: _____