

Employee Name \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_



## Welcome To TeamOne Staffing.

At **TeamOne**, we have spent over two decades solidifying our reputation as one of California's most successful and reliable employment agencies for temps, temp-to-hire and direct hire positions.

We realize you have many choices when it comes to choosing an employment agency to work with which is why we provide our employees with many exciting assignments to choose from including positions in: *Administrative/Clerical, Engineering/Information Technology, Accounting/Finance, Light Industrial/Warehouse, Science/Bioscience, Hospitality/Event Workers, and Sales/Sales Management.*

In addition all **TeamOne** associates are eligible for:

- Major medical insurance including vision, dental and prescription drugs on the 1st day of employment (Average monthly cost to employee is only \$73.19)
- Term life insurance
- Weekly paydays
- Direct deposit
- Referral bonuses
- Flexible work scheduling
- Computer skills development
- Career coaching
- Safety incentives\*
- Paid vacation time\*
- Paid holidays\*

Please fill out the online application prior to interviewing with **TeamOne** Staffing. By filling out this online application in the privacy of your home you can answer all questions correctly and without the pressure of a pending interview time. Please make sure to fill out every question on the application.

All candidates will be required to electronically sign this application in multiple sections. **When prompted to sign your name electronically please use Windows Option #2 in the pop up box and create an electronic signature using Windows.** It's simple and only requires you to enter your name, date and email address in order to electronically sign all required pages of the employment application

After you have finished completing the application you can save the application on your computer and then send it as an attachment using Gmail, Yahoo or your email provider of choice. Please submit all applications electronically to **westla@teamone.la**

**TeamOne** takes your privacy very seriously. Our privacy commitments are fundamental to the way we do business every day. This applies to everyone who has a relationship with **TeamOne** including clients and applicants.

- We will protect your privacy and keep your personal information safe.
- We use powerful encryption and other security safeguards to protect your confidential information and data.
- We will not sell your personal information to anyone, for any purpose. Period.

\*Associates must meet specific qualifications to be eligible



## **Valid Identification/ Identificacion Valida**

### **READ**

I acknowledge that I have been informed by my employer that I must carry on my person, legal proof of identity at all times while at work. Failure to do so will result in disciplinary action.

I also understand that I must allow all state, federal and company management personnel to view and inspect my identification upon request.

First violation will be a verbal warning, second violation will be a written warning and third violation will result in immediate termination.

Submitting false information can result in immediate termination. Such false information can be anything but not limited to your name, Social Security, Identification and any other information that is not valid.

Employee Signature

---

Printed Name

---

Employee Number

---



# Application For Employment

All Information Must Be Filled Out - Please Print

Today's Date:                      mo   /   day   /   yr

Appointment Time:

Office Location:

## Personal Information - Print Neatly

**First Name:**                      **MI:**                      **Last Name:**                      **Previous Last Name:**

**Social Security Number:**                      -                      -                      **Are You 18 years of age or older?**    Yes     No

**Home Address:**                      **Apartment #**                      **City:**                      **State:**                      **Zip:**

**Mailing Address:**                      **Apartment #**                      **City:**                      **State:**                      **Zip:**

**Phone Numbers**    **Home:**                      **Work:**                      **Cell:**                      **Other:**

**Email:**                      **Birthday**    **Day:**                      **Month:**

**How did you hear about Team One?**

**Emergency Contact**    **Name:**                      **Phone Number:**                      **Relationship:**

**Address:**                      **Apartment #**                      **City:**                      **State:**                      **Zip:**

## Desired Employment - Print Neatly

**Desired Industry (in order of preference)**    1.                      2.                      3.

**Desired Occupation (in order of preference)**    1.                      2.                      3.

## Background Information - Print Neatly

Have you been a temporary with another service before?    Yes     No

**Name of service:**                      **When:**                      **Location:**                      **How Long:**

Have you ever worked/registered with Team One before?    Yes     No

If yes, please give dates:

Have you ever pleaded "No Contest" or "No Contendre" to a crime or been convicted of a crime?    Yes     No

Include DUI's or other major traffic offenses. Convictions for marijuana-related offenses that are more than two years old need to be listed.

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case:

Are you currently subject to any criminal charges?    Yes     No

If yes, please give details:

Note: Answering yes to the above questions does not constitute an automatic bar to employment. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the positions applied for may, however, be considered.

**Job History 1 - Print Neatly**

Company:	Industry:	# of Employees
Address:	Apt #: City:	State: Zip:
Position Held:	Supervisor:	Phone #: Presently Working: <input type="checkbox"/> Okay to Contact: <input type="checkbox"/>
Reason For Leaving:	Terminated <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Other <input type="checkbox"/>	
Dates Of Employment:	From: / / To: / /	
Total Monthly Average Compensation	Starting:	Ending:
Please describe your responsibilities in this position ( unless on resume):		
Accomplishments/Achievements:		

**Job History 2 - Print Neatly**

Company:	Industry:	# of Employees
Address:	Apt #: City:	State: Zip:
Position Held:	Supervisor:	Phone #: Presently Working: <input type="checkbox"/> Okay to Contact: <input type="checkbox"/>
Reason For Leaving:		
Dates Of Employment:	From: / / To: / /	
Total Monthly Average Compensation	Starting:	Ending:
Please describe your responsibilities in this position ( unless on resume):		
Accomplishments/Achievements:		

**Job History 3 - Print Neatly**

Company:	Industry:	# of Employees
Address:	Apt #: City:	State: Zip:
Position Held:	Supervisor:	Phone #: Presently Working: <input type="checkbox"/> Okay to <input type="checkbox"/>
Contact:		
Reason For Leaving:		
Dates Of Employment:	From: / / To: / /	
Total Monthly Average Compensation	Starting:	Ending:
Please describe your responsibilities in this position ( unless on resume):		
Accomplishments/Achievements:revious job:		

**Job History 4 - Print Neatly**

Company:	Industry:	# of Employees
Address:	Apt #: City:	State: Zip:
Position Held:	Supervisor:	Phone #: Presently Working: <input type="checkbox"/> Okay to Contact: <input type="checkbox"/>
Reason For Leaving:		

Dates Of Employment: From: / / To: / /

Total Monthly Average Compensation Starting: Ending:

Please describe your responsibilities in this position ( unless on resume):

Accomplishments/Achievements:

**Education History - Print Neatly**

Do you have a High School Diploma or its equivalent? Yes  No

Do you have a college degree or its equivalent? Yes  No  If yes, please describe below

College 1	School Name:	Degree:	Subject:
	Street Address:	City:	State: Zip:
	Dates Attended	From: / / To: / /	GPA:
	Status	Completed <input type="checkbox"/> Not Completed <input type="checkbox"/>	Presently Attending <input type="checkbox"/>

College 2	School Name:	Degree:	Subject:
	Street Address:	City:	State: Zip:
	Dates Attended	From: / / To: / /	GPA:
	Status	Completed <input type="checkbox"/> Not Completed <input type="checkbox"/>	Presently Attending <input type="checkbox"/>

**Additional Information - Print Neatly**

Preferred Work Environment

10-50 emp. (small)  51-150 emp. (medium)  151-300 emp. (large)  300+ emp (corporation)

Dress Attire (Circle One)  Casual  Business Casual  Professional  Conservative

Work Schedule Mon. Tue. Wed. Thu. Fri. Sat. Sun.

(list hours)

Preferred employment type Part-time  Temp  Temp-to-Hire  Full time

Preferred geographic locations 1. 2. 3.

Do you have dependable transportation (if required by job) Yes  No  If yes, how:

What was your favorite job and why?

Your least favorite and why?

## Skills - Print Neatly

Please review carefully. Check the boxes where you feel your skills are the strongest. This will determine how Team One will market you to your clients.

Languages	Beginner:	1.	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>
		2.	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>
Intermediate:	1.	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>	
	2.	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>	
Advanced:	1.	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>	
	2.	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>	

### Primary Work Experience Group

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Management       | <input type="checkbox"/> Technical/Computer |
| <input type="checkbox"/> Administrative Asst. | <input type="checkbox"/> Financial          | <input type="checkbox"/> Marketing        | <input type="checkbox"/> Word processor     |
| <input type="checkbox"/> Banking              | <input type="checkbox"/> Graphics           | <input type="checkbox"/> Real Estate/Loan | <input type="checkbox"/> Warehouse          |
| <input type="checkbox"/> Clerical/Gen. Office | <input type="checkbox"/> Human Resources    | <input type="checkbox"/> Receptionist     | <input type="checkbox"/> Forklift           |
| <input type="checkbox"/> Customer Service     | <input type="checkbox"/> Insurance          | <input type="checkbox"/> Sales            | <input type="checkbox"/> Shipping/Receiving |
| <input type="checkbox"/> Data Entry           | <input type="checkbox"/> Legal              | <input type="checkbox"/> Secretarial      | <input type="checkbox"/> Other              |

### Skills - Please rate each:

Accounting Job Family	rate	1 = Beginner Exp. Type of copier/models	2 = Intermediate Exp. Management (# of people)	3 = Advanced Exp. Sales
Bank Reconciliation	___	_____	Manager (#: _____)	Retail Sales _____
Computerized Accounting	___	_____	Office Manager (#: _____)	Inside Sales _____
Manual Accounting	___	_____	Supervisor (#: _____)	Outside Sales _____
Accountant 1	___	<b>Special Licenses</b>		Telemarketing _____
Accountant 2	___	Real Estate (type) _____	<b>Marketing</b>	
Accountant (Cost) Staff	___	Securities _____	Demonstrations _____	<b>Secretarial</b>
Accountant	___	Other _____	Advertising/PR _____	Executive Secretary _____
Collections	___		Host/Trade shows _____	Administrative Secretary _____
Credit	___		Promotions _____	General Secretary _____
Financial Statements	___	<b>Customer Service</b>	Proposals _____	Fastnotes/Dictation _____
General Ledger	___	C.S. Representative, _____	Surveys/Research _____	Shorthand/Dictation _____
Inventory	___	Order Entry _____		Personal Assistant/Sec. _____
Accounts Payable	___		<b>Phones/Receptionist</b>	
Accounts Receivable	___	<b>Data Entry</b>	ATT _____	<b>Light Industrial</b>
Bookkeeping	___	Alpha _____	PBX _____	Sit-Down Forklift _____
Full Charge	___	Numeric _____	Phones/Heavy _____	Stand-Up Reach _____
	___	# of Keystrokes/Hr _____	Phones/Light _____	Picker _____
<b>Payroll (&lt;less &gt;more)</b>			Phones/Moderate _____	Telzoz _____
Auto. Payroll (<50 Emp.)	___	<b>Financial</b>	Switchboard _____	RF Scanner _____
Auto. Payroll (>50 Emp.)	___	Financial Analyst _____	# of Lines _____	Packer _____
Manual Payroll (<50 Emp.)	___	Financial Statements _____	# of Extensions _____	Material Handler _____
Manual Payroll (>50 Emp.)	___	Stocks/Investments _____	other _____	
<b>Banking</b>		<b>Human Resources</b>	<b>Purchasing</b>	
Check Processor	___	HR Administrator _____	Buyer/Purchaser _____	
Loan Processor	___	HR Assistant _____		
Check Proofer	___	HR Generalist _____	<b>Real Estate</b>	
Teller	___		Commercial _____	
<b>Clerical</b>		<b>Insurance</b>	Property Management _____	
Librarian	___	Claims Adjuster _____	Residential _____	
Mail Room	___	Other _____	Mortgage _____	
Collating	___	<b>Legal</b>		
Heavy Copy Equipment	___	Law Clerk _____		
Operator	___	Document Coder _____		
		Legal Secretary _____		
		Paralegal _____		

**Application Statement - PLEASE READ CAREFULLY BEFORE SIGNING**

1) TEAM ONE EMPLOYMENT SPECIALISTS, LLC is an equal opportunity employer/agency. No question on the application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law. I understand this application will be given every consideration and is not a promise of employment. Initial \_\_\_\_\_

2) I understand that any misrepresentation on this application is grounds for termination. If hired, I have the right to resign at any time; likewise, TEAM ONE EMPLOYMENT SPECIALISTS, LLC and/or its clients reserve the right to terminate my employment at any time. I understand that if I am hired, my employment will be for no definite period. Initial \_\_\_\_\_

3) I agree to pay TEAM ONE EMPLOYMENT SPECIALISTS, LLC a fee equal to two months of my compensation if I accept a job from a company that TEAM ONE EMPLOYMENT SPECIALISTS, LLC referred me to, without the consent of TEAM ONE EMPLOYMENT SPECIALISTS, LLC. This clause is to prevent me from colluding with the company to avoid paying TEAM ONE EMPLOYMENT SPECIALISTS, LLC its agreed fees for service rendered. This clause is void/invalid if I inform TEAM ONE EMPLOYMENT SPECIALISTS, LLC of such a job offer and my acceptance of that job. Initial \_\_\_\_\_

4) I authorize TEAM ONE EMPLOYMENT SPECIALISTS, LLC to investigate all references listed on this application, including my driving record and criminal record and to secure any additional job related information. I release TEAM ONE EMPLOYMENT SPECIALISTS, LLC from any and all such legal action in relation to the information above. I understand that TEAM ONE EMPLOYMENT SPECIALISTS, LLC reserves the right to require me to submit to a drug/alcohol test prior to employment and at any time during my employment to the extent permitted by law. Initial \_\_\_\_\_

5) I certify that I am eligible for employment in this country and that all information contained in this application is correct and true. Initial \_\_\_\_\_

6) I have read and understand the policies set forth in the TEAM ONE EMPLOYMENT SPECIALISTS, LLC Employee Brochure. I agree to be bound by them. Initial \_\_\_\_\_

7) I acknowledge and agree that any employment with TEAM ONE EMPLOYMENT SPECIALISTS, LLC is employment at-will, meaning either TEAM ONE EMPLOYMENT SPECIALISTS, LLC or I may terminate the employment relationship at any time with or without cause, and with or without advanced notice. Initial \_\_\_\_\_

I hereby authorize TEAM ONE EMPLOYMENT SPECIALISTS, LLC to release information contained in this application file to TEAM ONE EMPLOYMENT SPECIALISTS, LLC clients via 1st, verbal or written means for the purpose of recruitment by a client or marketing to a client for a job opening I further understand and agree that if a client of TEAM ONE SPECIALISTS, LLC contacts me directly regarding employment, I agree to contact TEAM ONE EMPLOYMENT SPECIALISTS, LLC immediately following. If, at any time, I would like my files to become confidential and removed from this process, I will provide to TEAM ONE EMPLOYMENT SPECIALISTS, LLC either verbally or in writing. I hereby state that all of the information that I have provided on this application and in any interview is true and accurate and I understand that if I am employed and any such information is found to be false in any respect, I may be dismissed.

TEAM ONE EMPLOYMENT SPECIALISTS, LLC reserves the right to share information concerning your performance on temporary assignments on a factual basis with other employment agencies or staffing services in Los Angeles County.

**Do not sign until you have read the above statement.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_



## Arbitration Agreement

**THIS IS AN AGREEMENT TO ARBITRATE ALL DISPUTES.  
THIS AGREEMENT WAIVES THE RIGHT TO PROCEED IN COURT.**

I, [ \_\_\_\_\_ ], (“Employee”) willingly agree that any dispute or controversy arising from, or relating to Employee’s employment with the Company, or from any other aspect of Employee’s employment or the termination thereof, including but not limited to alleged violations of federal, state and/or local statutes (for example, claims for discrimination including but not limited to discrimination based on race, sex, sexual orientation, religion, national origin, age, marital status, medical condition as defined under California law, handicap or disability; and claims relating to leaves of absences mandated by state of federal law), breach of any contract or covenant (expressed or implied), tort claims, violation of public policy or any other alleged violation of Employee’s statutory, contractual or common law rights, (which specifically include all claims for violation of wage and hour laws, claims for overtime, missed meal or rest break periods) and including claims against the Company’s officers, directors, employees or agents, which Employee and the Company are unable to resolve through informal discussions and meetings shall be decided exclusively by conclusive and binding arbitration in the county in which the Employee last provided services to the Company, in accordance with the American Arbitration Association’s (“AAA”) Employment Dispute Resolution Rules (the “Rules”) unless provided otherwise by applicable law. The only claims that are excluded from arbitration are Workers’ Compensation claims, Unemployment Insurance claims, and any monetary dispute within the jurisdiction of the Small Claims Court.

All disputes subject to this Arbitration Agreement shall be submitted to AAA within the period of time set forth in the applicable statute or limitations for the asserted claim(s). The arbitrator shall be selected by agreement between Employee and the Company, but if they do not agree on the selection of an arbitrator within 30 days after the date of the request for arbitration, the arbitrator shall be selected pursuant to the Rules. The arbitration shall be conducted in a procedurally fair manner by the arbitrator; all fees for the arbitration shall be paid by the Company; each party shall have the right to conduct reasonable discovery as ordered by the arbitrator including depositions, and requests for production of documents. The Employee shall be permitted to seek any and all damages authorized by law for the particular claims presented, including punitive damages, and the arbitrator shall have the authority to award costs of arbitration and reasonable attorneys fees to the prevailing party in accordance with applicable law. The decision of the arbitrator shall be final and binding on all parties and shall be the exclusive remedy of the parties; and the award shall be in writing in accordance with the Rules, and shall be subject to judicial enforcement in accordance with California law.

At the request of either Company or Employee, arbitration proceedings shall be conducted in the utmost confidentiality, and in such case, all documents, testimony and records shall be received, heard and maintained by the arbitrator, in confidence, available for inspection only by Company or by Employee and their respective attorneys and experts who shall agree, in advance and in writing, to receive all such information confidentiality and to maintain the secrecy of such information until it shall become generally known.

Employee and the Company understand that by entering into this Agreement, they are waiving any right they may have to file a lawsuit or other civil proceeding against each other, and that they are waiving any right they may have to resolve their dispute through a jury trial.

Both parties signing this agreement acknowledge to have carefully read this agreement and agree to be bound by it.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recruiter Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**COMPRESSED WORK WEEK CERTIFICATION**

I, \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ certify that I  
(Print or type name)

understand that my voluntary participation in 4/10/40 compressed worksheet is effective

\_\_\_\_\_. In addition, I understand any time worked or paid leave/CTO charged  
(1<sup>st</sup> of pay period)

in excess of 40 hours per week for the purpose of making up deficit hours will not be considered as time worked for computing overtime. Until such time as “excess” hours are accumulated, “deficit” hours must be replaced by vacation/annual leave credits, CTO, or dock (if no credits exist) or be worked on a day off to cover the necessary hours. There can never be a negative balance.

When a holiday (if qualified) falls on my regular day off I want to be credited with (check one):

- 8 hours of “excess hours”  
Or  
 8 hours paid at the straight time rate

I understand I cannot change my option for the life of this contract. Excess hours may be used like vacation or CTO with the prior approval of my supervisor, excess hours cannot be used until earned. At the termination of the compressed workweek schedule, all excess hours will be compensated by lump sum (compensated at straight time).

\_\_\_\_\_  
(Participant’s Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Representative)

\_\_\_\_\_  
(Date)

**TERMINATION OF CERTIFICATION**

I understand that my participation in the 4/10/40 compressed workweek program terminates effective \_\_\_\_\_  
(End of Pay Period)

\_\_\_\_\_  
(Participant’s Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Representative)

\_\_\_\_\_  
(Date)

(Note: Termination of Certification is completed when employee is terminating participation on a permanent basis.)



## **TIME KEEPING SYSTEM**

In order to ensure that you receive your paycheck accurately on a weekly basis, Team One Employment Specialists, LLC has the following guidelines:

1. Each day you must swipe your card 4 times to properly record your time and attendance.
  - a. Swipe your card when you arrive.
  - b. Swipe your card for lunch.
  - c. Swipe when you return from lunch.
  - d. Swipe at the end of your shift.
2. You should have a total of 4 swipes on a daily basis. You do not need to swipe for breaks.
3. In the event you forget or lose your badge, you must report to the Team One office immediately. You will be required to purchase a new badge (\$6.00 payroll deduction). If you do not report to the office and you work a whole day without swiping, this could result in delay in payment and/or your assignment can be ended.
4. To swipe your card you need to slide the card from top to bottom with the front of the card facing you. You will know that you swiped your card accurately when it beeps once and the green light turns on. If you receive an error on more than one occasion please inform a Team One Representative.
5. If you forget to swipe your card, the following actions will be taken:
  - a. First Time - Verbal or written warning
  - b. Second Time - Written warning.
  - c. Third Time - Your assignment will be ended with no exceptions
6. To correct a payroll error, you must fill out a payroll discrepancy form and submit to a representative.
7. Your time card also serves as an ID badge and you might be requested to show picture ID to confirm that the badge belongs to you.
8. If your assignment is ended or completed (by applicant or Team One ) your check will be processed as a regular paycheck. Pending checks will be mailed to address in our database. Non-employees are not allowed to pick up checks at their former work site. We are not responsible for delays caused by U.S. Postal Service. When your assignment ends or is completed, you will still be eligible for other assignments unless you are informed otherwise by Team One Representatives.
9. In order to facilitate the payroll process, we also offer direct deposit. Forms for enrollment can be obtained from the Team-One office.

---

Employee Signature

---

Date



**SHIFT OF 6 HOURS OR LESS AGREEMENT**

I, \_\_\_\_\_ agree to the terms of this contract.  
(Name of Employee)

I understand that I have the right to take a meal period during any work period of five (5) hours or longer. Notwithstanding this right, I hereby, voluntarily waive my right to a meal period for any day which I work for a total of six (6) hours or less.

I further understand that I may revoke this waiver at any time by providing written notice to my Supervisor/ Employer.

Employee: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PROPERTY RETURN AGREEMENT**

I, the undersigned employee, have received the following items from my employer:

Team One Employment Specialists, LLC.

Company

(List uniforms, equipment or tools below, including approximate current value.)

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_
5. \_\_\_\_\_ \$ \_\_\_\_\_

If I quit my employment, I agree to return all of the above items by my final last day of employment. If my employer terminates my employment, I agree to return all of the above items at the time my employment is terminated. I further agree to return any or all of the above items at any other time my employer so requests.

I acknowledge that all items listed above remain the sole property of my employer.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date



**TeamOne**<sup>TM</sup>  
Staffing Specialists

**EQUAL EMPLOYMENT OPPORTUNITY DATA**

To be complete by the applicant:

\_\_\_\_\_ Application Date

Completion of this form is entirely **voluntary**, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personal record if you are hired by this company

Name: \_\_\_\_\_

Sex:  Male  Female

Race/Ethnicity:

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black
- Hispanic
- White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

To be completed by employer:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Officials and managers | <input type="checkbox"/> 5. Office and clerical     | <input type="checkbox"/> 8. Laborers-unskilled |
| <input type="checkbox"/> 2. Professionals          | <input type="checkbox"/> 6. Skilled                 | <input type="checkbox"/> 9. Service Workers    |
| <input type="checkbox"/> 3. Technicians            | <input type="checkbox"/> 7. Operatives-semi skilled |  |
| <input type="checkbox"/> 4. Sales                  |   |  |

Employer information completed by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## **ABSENT/SICK PROCEDURES**

As your employer we understand that at times you will have to be absent from work. In order to insure that our clients are properly covered, we would like you to follow these procedures:

1. Team One request's at least (2) hour notice before your scheduled start time if you are going to be absent. This allows times for a replacement, if necessary.
2. You must call the Team One office to report your absence.
3. It is recommended that you contact a live person at the Team One office before the end of the day to confirm that your message was received. Otherwise, you might be considered a no call/ no show.
4. Leave a detailed message (speak slowly and clearly) and include the following information: Name (first and last), social security number, name of company where the assignment is located, name of your supervisor, and the reason why you will be absent or late.
5. Team One will retrieve messages on a daily basis and notify supervisors of absences.
6. Please be aware that any absence (excused or unexcused) within the first 2 weeks of starting employment will end your assignment.
  - a. Two days of no call/ no show will immediately end your assignment.
  - b. Your assignment will also be ended for excessive absences.
  - c. After two weeks, a no call/ no show can end your assignment at management's discretion.
7. Please be aware that calling in sick does not excuse excessive absences.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



Date: \_\_\_\_\_

I, \_\_\_\_\_ acknowledge completing the documents indicated and reviewing and understanding the information outlined and discussed in this orientation. I further acknowledge that receipt of this material does not constitute an employment contract, and that I am employed at-will, and my assignment can end at any time, with or without cause, and with or without reason or advance notice. I received a copy of this document.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE



**TeamOne**<sup>TM</sup>  
Staffing Specialists

---

---

**Emergency Information**

---

---

**Employee's Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**In case of an emergency, please notify:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**                      **State**   **Zip**

(    )       -                      (    )       -

\_\_\_\_\_  
**Telephone**                      **Fax**

**AND/OR**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**                      **State**   **Zip**

(    )       -                      (    )       -

\_\_\_\_\_  
**Telephone**                      **Fax**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**





# TeamOne™

Staffing Specialists

## REFERENCE REQUEST

We need just a little information from you...

A former employee of yours is applying for employment at Team One Employment Specialists, LLC and gave us your name as a reference.

In the best interest of our applicant, please take a moment to provide us with this confidential information and return this by way of FAX:

Thank you, Team One Employment Specialists, LLC.

---

Applicant: \_\_\_\_\_  
Please                                  Print

I hereby give permission for the release of my personnel information to:  
Team One Employment Specialists, LLC.

Signature: \_\_\_\_\_

---

Company: \_\_\_\_\_

Date Started: \_\_\_\_\_

Date Last Worked: \_\_\_\_\_

**PRODUCTIVITY:**

- Excellent     Good  
 Acceptable     Unacceptable

**DEPENDABILITY:**

- Excellent     Good  
 Acceptable     Unacceptable

**ATTITUDE:**

- Excellent     Good  
 Acceptable     Unacceptable

**OVERALL RATING:**

- Excellent     Good  
 Acceptable     Unacceptable

**REASON FOR LEAVING:**

**WOULD YOU RE-HIRE THIS INDIVIDUAL?**

- YES     NO

**OVERALL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

**COMPLETED BY:**

\_\_\_\_\_  
Name/ Title

**BACKGROUND INVESTIGATION WORKSHEET**

**PRINT CLEARLY IN BLACK INK ONLY  
COMPLETE ALL INFORMATION REQUESTED**

**DATE** \_\_\_\_\_ **ACCT#** \_\_\_\_\_

**NAME** \_\_\_\_\_  
**LAST FIRST FULL MIDDLE**

**ADDRESS** \_\_\_\_\_  
**STREET ADDRESS APT#**

\_\_\_\_\_  
**CITY STATE ZIP**

**SOCIAL SECURITY #** \_\_\_\_\_

**BIRTHDAY DAY: MONTH:** \_\_\_\_\_

**DRIVERS LICENSE #** \_\_\_\_\_ **SEX:**  **MALE**  **FEMALE**

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving prior notice of such disclosure In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that several investigative consumer reports may be requested and may include information concerning my workers compensation claims, motor vehicle operation history, and criminal history from various private and public sources along with other public records available.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## Meal Break Waiver - 2<sup>nd</sup> Meal

---

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Number

I am scheduled to work a shift of 10 hours or more, but less than 12 hours on:

Date(s) \_\_\_\_\_

From the hours of \_\_\_\_\_ to \_\_\_\_\_

I understand that:

1. I may waive my second required 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 12 hours or less in one workday.
2. I may not waive my second required 30-minute unpaid meal break if I waived my first meal period, which must have begun no later than 4 hours and 59 minutes into my shift.
3. In order for this waiver to be valid, an authorized company official must also authorize the waiver in writing by signing below.
4. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Submitted

REVOCAION: I hereby revoke this waiver

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---

*For Employer Use Only:*

Check One:

Your meal break waiver request has been approved and submitted.

Your meal break waiver request has been denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company