**CONFIDENTIALITY AGREEMENT**

In consideration of my employment with K Staffing and my assignment to any K Staffing Client Company, I hereby acknowledge and agree as follows:

In the course of my employment with Employer and my assignment to Client, I may be given access to information, documents, inventions, research data, techniques and other materials (hereinafter “Confidential Information”) which belong to Client.

I will not in any manner publish, disclose to any third party, or use any such Confidential Information. I will make no copies of any documents except as may be specially authorized by Client, and I will use those copies only for the purpose for which they were

Placed in my possession absent specific authorization form Employer or Client, I ( ) will not remove from Client’s premises any Confidential Information belonging to Client. Upon termination of my assignment to Client and before my final departure from Client’s premises, I will return all Confidential Information which is in my possession to Client.

I understand and agree that all inventions, improvements, designs ideas and suggestions, whether patentable or not, and copyrightable materials made or conceived either solely or jointly by me while performing services for Client are the property of Client.

The following policy, rules and conditions apply to all Employees who use computer and telecommunication resources and services, wherever the Employees are located. Violations of this policy may result in disciplinary action, including possible termination of their assignments.

Policy: The computers and computer accounts given to Employees are to assist them in the performance of their job at out Clients’ site. Employees should not have an expectation of privacy in anything they create, send or receive on the computer. The computer and telecommunication system belong to our Clients and may be used for business purposes only.

Computer users are governed by the following provisions, which apply to all use of computer and telecommunication resources and services. Computer and telecommunication resources and services include, but are not limited to, the following: host computers, file servers, workstations, standalone computers, laptops, software, and internal or external communications networks (internet, commercial online services, bulletin board systems, and e-mail systems) that are accessed directly or indirectly from our Clients’ computer facilities.

Fraudulent, harassing, embarrassing, indecent, profane, obscene, intimidating, or other unlawful material may not be sent by e-mail or other form of electronic communication or displayed or stored in our Clients’ computers. Employees encountering or receiving such material should immediately report the incident to their supervisor.

**DRUG FREE WORKPLACE**

Consent and Release

I have received a copy of the drug and alcohol testing policy and voluntarily give my consent to K Staffing, its subsidiaries and franchised and licensed offices (“employer”) to perform drug and/or alcohol testing. I authorize release to, and use and evaluation of the test results by my employer, its customers, a medical review officer or other health care professional, my employer’s workers compensation insurer and to any person or entity who may have cause to review my personnel file and understand that such results may be used in any administrative or legal proceeding associated with my employment.

I release and hold harmless employer, it employees, agents, shareholders, officers, directors, affiliates, clients, and licensors or franchisors from any claim, demand, cause of action I may now or in the future have against any or all of them which results from my submission to or my refusal to submit to drug and/or alcohol testing or the use of such test results as described above.

ACKNOWLEDGEMENT

I HAVE READ THE FOREGOING AND **AGREE** TO BE BOUND BY ITS ITEMS.

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

EMPLOYEE/APPLICANT SOCIAL SECURITY NUMBER

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

WITNESS DATE

**I REFUSE** TO SIGN THE POLICY AND UNDERSTAND THAT AS A RESULT, IF I AM AN APPLICANT I WILL NOT BE OFFERED EMPLOYMENT AND IF I AM ALREADY EMPLOYED, I AM INELIGIBLE FOR CONTINUED EMPLOYMENT AND HAVE VOLUNTARILY TERMINATED BY EMPLOYMENT.

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

EMPLOYEE/APPLICANT SOCIAL SECURITY NUMBER

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

WITNESS DATE

(NOTE: ONLY SIGN ONE OR THE OTHER, NOT BOTH—YOU EITHER AGREE OR REFUSE)

**DRUG FREE WORKPLACE**

**Drug Free Workplace Policy**

Drug and alcohol use in the workplace posses a danger to us all. We cannot tolerate drug and alcohol abuse by any of our employees. It is this company’s policy to employ a workforce free from drugs and alcohol. Accordingly, the following conduct is prohibited:

1. the use, possession, solicitation for or sale of illegal drugs, alcohol or prescription medication without a prescription on company or customer premises or while on assignment;
2. being under the influence of illegal drugs, alcohol or prescription medication without a prescription on company or customer premises or while on assignment;
3. the use, possession, solicitation for or sale or illegal drugs, alcohol or prescription medication without a prescription off company or customer premises that adversely affects the employee’s work performance, his or her own or another’s safety or our reputation.

If you are found to engage in any of the above prohibited conduct you will be subject to disciplinary action up to and including termination. You will be deemed to be under the influence if a drug or any of its metabolic or alcohol is present in any detectable amount.

In accordance with our company policy and the Federal Drug Free Workplace Act employees are required to agree to:

1. abide by the terms of this Drug Free Workplace Policy; and
2. advise us within five (5) days of any criminal conviction for substance violations in the workplace.

**Drug and Alcohol Testing Policy**

As a condition of assignment, continued assignment or a permanent position with some of our customers, you may be required to undergo drug and/or alcohol testing. Submission to such testing is not mandatory unless you wish to be considered for the assignment, continued assignment or permanent position.

Post-accident testing-any employee who has a work-related accident or an incident in which safety precautions were violated or unusually careless acts were performed while on assignment may be requested to undergo drug and/or alcohol testing immediately following the accident, if required by office policy or customer policy.

Reasonable Suspicion – where there is reasonable suspicion that you are using or are under the influence or illegal drugs, alcohol, or prescription medication without a prescription, you may be requested to undergo drug and/or alcohol testing.

If the results of the drug and /or alcohol test indicate the presence of illegal drugs, alcohol or presentation medication without a prescription, the following will occur;

1. If an applicant, you will be ineligible for employment. If already employed or on assignment, you may be subject to disciplinary action up to and including termination.
2. Pursuant to state law, unemployment and workers’ compensation benefits may be denied.

If you disagree with the results, you may have the same sample retested at your own expense by a laboratory certified by the Federal Department of Health and Human Services or similar state agency. You must notify us within 24 hours of receipt of the results if you want to do this. If an on-site test is used, you may submit to a drug test conducted by a laboratory certified as above at your own expense within 24 hours of the on-site test. You may submit a written statement explaining a positive test result. We will reconsider hire or rehire upon submission of evidence of rehabilitation or submission to another test by a laboratory certified as above with a negative result for drugs and/or alcohol, at your own expense.

If you refuse to submit to testing IMMEDIATELY after a work-related accident or upon reasonable suspicion or random testing, you will be considered to have voluntarily terminated you employment. If you interfere with the administration of the test or refuse to submit to testing as a condition of assignment, continued assignment or a permanent position after previously agreeing to submit to such testing you will be ineligible of employment or continued employment.

Acceptance of this policy is a condition of employment or continued employment.

We reserve the right to interpret, change, suspend, cancel or dispute, with or without notice, all or any part this policy. Nothing contained in this policy alters the at-will status of employment, or is intended or should be construed as a contract, express or implied.

**MISCELLANEOUS POLICIES AND PROCEDURES**

**NOTIFICATION OF TEXAS LAW REGARDING**

**UNEMPLOYMENT BENEFITS**

Texas unemployment law requires an employee to seek additional work from his/her employer upon the completion of an assignment.

Failure to seek subsequent work upon completion of assignment will be considerate a voluntary quit or not available for work and could result in denial or unemployment benefits.

 \_\_\_\_\_

 Initials

AGREEMENT TO COMPLETE ALL ASSIGNMENTS

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee), agree to complete all assignments I accept. I understand that failure to complete an assignment without prior approval from K Staffing LLC entitles me to only the minimum wage as specified by law, regardless of any pay rate previously quoted to me for the assignment. I understand that failure to complete an assignment may result in disciplinary action to be constituted as a voluntary resignation by me.

 \_\_\_\_\_

 Initials

**WORKERS COMPENSATION INSURANCE NOTIFICATION**

K Staffing LLC has workers’ compensation insurance coverage to protect you. You can get more information about workers’ compensation rights from any office of Texas Workers’ Compensation Commission or by calling 1-800-252-7031.

You may elect to retain your common law right of action if, no later that five (5) days after beginning employment, you notify K Staffing LLC in writing that you wish to retain your common law right to recover damages from personal injury. If you elect your common law right of action, you cannot obtain workers’ compensation income or medical benefits if you are injured.

 \_\_\_\_\_

 Initials

I have read and understand the above requirements.

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

Employee Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE SUPPORT ASSIGNMENT**

**General Safety Rules**

1. Know your job and follow instructions. If you do not know the safe way to do the job, ask your supervisor.
2. If the office equipment is not working properly, turn equipment off and report malfunction to your supervisor immediately.
3. Wrong wiring, overloaded outlets, and defective equipment should be used.
4. Use office chairs for only intended use. Do not stands on chairs. Tables or desks to obtain or reach for any object. Ask for assistance.
5. Do not attempt to move any office equipment. Ask your supervisor to arrange for any moving required.
6. Keep desk drawers, file cabinets and doors in closed position when not in use to avoid hitting or striking.
7. When using duplicating machines, copy machines, addressing machines, or paper cutters, use the machines in a safe work manner or avoid getting hands caught.
8. If you are required to carry any printed material, the weight should be limited to 20lbs. The material should be carried to provide you with a clear visual path of the direction you are walking.
9. When lifting, use approved lifting techniques, i.e., bend your knees, grasp the load firmly, and then raise the load keeping your back as straight as possible. After the object has been firmly grasped, the lifting is done by straightening the legs. Never lift while the body is twisted since this puts the entire load on the muscles of one side of the body. Ask for help when necessary to lift or move any object which, because of its weight or shape, is difficult for one person to handle safely.
10. When ascending or descending steps or stairs, use the handrail to give support and balance. Be particularly careful when wearing high heels. Walk, do not run, in the halls, rooms, passageways, or on steps/stairs/ Always keep to the right and approach corridor intersections carefully. Open doors slowly using handle or push plate. Do not go into rooms that are not properly lighted.
11. Do not place or stack material or objects which will obstruct pathway to work area, aisles, or walkways.
12. Watch for conditions and situations which are likely to cause falls, such as objects on floors or stairways.
13. Report all unsafe conditions to your K Staffing LLC supervisor immediately. This includes broken furniture, broken glass, and defective office equipment. You may report unsafe conditions anonymously if you prefer.
14. If you are required to enter the production area, be constantly alert to moving machinery and equipment. Stand clear of moving machinery or equipment. Notify your K Staffing LLC office immediately of any changes in your assigned duties.
15. Whenever you are involved in any accident that result in personal injury or damage to property, no matter how small, the accident must be reported to your K Staffing LLC office immediately. Get first aid promptly.
16. I have watched the K Staffing LLC General Safety Orientation Video and I am aware of the rules and regulations above.

**K STAFFING LLC CERTIFICATION OF ORIENTATION TO GENERAL SAFETY RULES**

I have read and understand the rules listed above. I understand that disciplinary action, which could include discharge result form violation of these rules. I have been given my personal copy of these rules for the future reference.

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

Employee Name (Print) Signature Date Supervisor Signature Date

**GENERAL SAFETY ORIENTATION**

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

Supervisor giving Orientation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. HAZARD COMMUNICATION

Under OSHA Hazard Communication Regulations, every employee must:

1. Be informed of all Hazardous Substances he/she may be exposed to in the workplace.
2. Have access to a list of all hazardous substance in the workplace, the Material Safety Data Sheet
3. (MSDS) prepared for each, and the written program to inform and train employees in safe handling.
4. Be trained in the identification, labeling and handling of hazardous substances to which you may be exposed in the workplace.
5. GENERAL SAFE PRACTICES
6. I understand the Hazard Communication Procedures (above).
7. I understand and will comply with the General Safety rules attached.
8. I will comply with any additional Worksite Safety Rules or Safety Programs in effect.
9. I will use any Personal Protective Equipment required by my Assignment.
10. I will call my K Staffing LLC Client Service Representative if I am asked to change assignments after arrival on the job. (You may be entitled to a higher wage on this new job.)
11. If I am injured on the job, I will call my K Staffing LLC Client Service Representative immediately.
12. I will report any unusual or hazardous job conditions to my K Staffing LLC Client Service Representative immediately. I understand that I may do so anonymously.
13. I have watched the Interim General Safety Orientation Video and I am aware of the rules and regulations above.

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K STAFFING LLC CORPORATION INC. CERTICIFICATION OF GENERAL SAFETY ORIENTATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have ready and fully understand the above policies and procedures and agree to the same. I understand that failure to comply with these policies will lead to disciplinary action, could lead to my termination and may jeopardize my insurance benefits.

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

**DISCLOSURE AND AUTHORIZATION FOR CREDIT AND/OR BACKGROUND CHECK FOR EMPLOYMENT PURPOSES**

*PLEASE PRINT (USE BLUE OR BLACE INK)*

|  |
| --- |
| Last Name: |
| *First Name:* |
| *Middle Name* |
| *Former Name Used:* |
| *Social Security Number (will be used for identification purposes only\_:\_ \_ \_-\_ \_ - \_ \_ \_ \_*  |
| *Date of Birth (will be used for identification purposes only)\_ \_/\_ \_/\_ \_* |
| *Education (please include dates)* |
| *Current Address:* |
| *City State Zip From:\_ \_/\_ \_ To \_ \_/\_ \_ Years \_ \_* |
| *Previous Address:*  |
| *City State Zip From:\_ \_/\_ \_ To \_ \_/\_ \_ Years \_ \_* |
| *Previous Address* |
| *City State Zip From:\_ \_/\_ \_ To \_ \_/\_ \_ Years \_ \_* |

*DISCLOSURE*

*The Fair Credit Reporting Act, as amended by the Consumer Reporting Reform Act of 1996, requires that we advise you that for purposes of employment, promotion, reassignment, or continued employment with K Staffing LLC and/or its affiliates (the Company), a consumer report and /or investigative consumer report (i.e. background check) may be obtained by the Company, which may include information on your education, former employers, motor vehicle and felony and related misdemeanor record. It may also include information related to your creditworthiness/credit standing, credit capacity, general reputation or mode of living. If you are not employed as a result of a consumer report and /or investigative consumer report, the Company will notify you in writing and provide you with a copy of the report the name, address, and telephone number of the provider of the report, and a description of your rights as a consumer as prescribed by the Federal Commission under Section 609 ( c ) (3) [ § ] 681 g]*

***AUTHORIZATION***

*During the application process, and at any time during your employment, you hereby authorize the Company to procure a consumer report and /or investigative consumer report which may require the release of information from my personnel record/file to the consumer reporting agency preparing the consumer report and/or investigative consumer report.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Applicant Signature Print Name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date*

***APPLICANT EEO SELF-IDENTIFICATION FORM***

***(Completion of this section of the Application for Employment is voluntary)***

*K Staffing is an equal employment opportunity/affirmative action employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations regarding equal employment opportunity, and/or affirmative action require us to compile, maintain, and report certain information on employees. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self-Identification Form.*

*The information on this EEO Self-Identification Form is being requested and will be used solely for record keeping and reporting purposes. We encourage you to provide us with the following self-identification information. However, you are not required to do so, and whether you respond or not will affect any employment decision. In the event that you do provide the information requested, the information and this information form will be processed and maintained separately from your employment application forms and your personnel file.*

|  |
| --- |
| ***ETHNIC/MINORITY IDENTIFICATION (for definitions see reverse side of form)*** |

* *American Indian or Alaska Native*
* *Asian or Pacific Islander*
* *Black or African American*
* *Hispanic or Latino*
* *White*

|  |
| --- |
| ***Gender*** |

* *Female*
* *Male*

|  |
| --- |
| *How were referred to us?* |

* *Direct Recruit Direct Recruit*
* *Electronic Media (TV or Radio Referral*
* *Recruiting Event (Job Fair) Walk-in or Call-in*
* *Internet*

Position/Job Title Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_ \_ \_ -\_ \_ - \_ \_ \_ \_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Company Use Only:

Type of position applied for: VID

* Manager Yes \_\_\_\_\_\_\_\_\_\_\_\_
* Professional No \_\_\_\_\_\_\_\_\_\_\_\_\_
* Technician
* Sales
* Office/Clerical
* Skilled Craft Worker
* Semi-Skilled Operator
* Unskilled Laborer
* Service Worker

|  |
| --- |
| WORK PREFERENCESWhat type of positions interest you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Indicate your preference for the following items: Company Size \_\_\_\_ Large \_\_\_\_ Medium \_\_\_\_\_ Small \_\_\_\_Atmosphere\_\_\_\_ Conservative \_\_\_ Traditional \_\_\_ Casual \_\_\_\_Activity \_\_\_\_ Often Hectic \_\_\_ Varied\_\_\_\_ Repetitive \_\_\_\_Interaction w/people \_\_\_ Frequent \_\_\_\_ Occasional \_\_\_\_ Infrequent \_\_\_\_\_ |

* *The information I have provided is true and correct to the best of my knowledge. My signature below confirms that:*
* *I authorize K Staffing LLC to confirm any of the information I have provided, and to obtain employment references and personal history and/or other background information, I also authorize K Staffing LLC to disclose and/or release a copy of my personnel/employment records or information ,including but not limited to this Application for Employment, reference information, drug screen and criminal background check results, background data, social security number, and any other personnel/employment information to clients to whom I am assigned or submitted for potential assignment. I also expressly release any legal claims I may have against K Staffing LLC and any client to whom the information is disclosed or released and their officers, agents and employees, in relation to the disclosure or release of my personnel/employment records pursuant to this authorization.*
* *I consent to K Staffing LLC contacting me at any of the telephone number or email addresses listed on this Application for Employment or other application form may result in my failure to receive an offer of work or termination from employment with K Staffing LLC if I am hired.*
* *I understand that any misrepresentation, falsification, or material omission of information in this Application for Employment or other application form may result in my failure to receive an offer of work or termination from employment with K Staffing LLC if I am hired.*
* *I agree that my employment relationship with K Staffing LLC can be terminated at will either by me or by K Staffing LLC with or without cause and with or without notice at any time.*

***Please sign to verify that you have read understood and agree to and accept all of the above information.***

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

**FOR K STAFFING LLC OFFICE USE ONLY**

SKILL ASSESSMENTS Experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Skill Evaluation Name Results Level Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If applicants re-test due to new or improved skill, please indicate test date in front of the “Results column.*

|  |
| --- |
| **PLACEMENT SEEARCH**  History |

*Companies Called Results* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Discuss with ApplicantYes \_\_\_\_\_\_\_ No\_\_\_\_\_Yes \_\_\_\_\_\_\_ No\_\_\_\_\_ Yes \_\_\_ No\_\_\_\_\_ Yes \_\_\_ No\_\_\_\_\_ |

For the purpose of this form, you please indicate the group in which you appear to belong identify with or regarded in the community as belonging. However, only count yourself in one ethnic/minority group.

**Ethnic/Minority Definitions**

\_\_\_\_\_\_\_\_ American Indian or Alaskan Native- All person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_\_\_\_ Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

\_\_\_\_\_\_\_\_Black (Not of Hispanic Origin- All persons having origins in any of the Black racial groups of Africa

\_\_\_\_\_\_\_\_Hispanic or Latino- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race

\_\_\_\_\_\_\_\_ White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

**SKILLS CHECKLIST**

*Please indicate any skills experience and expertise you have below. Place a √ mark to each skill that you are capable of and would like to perform on the job. In the space provided at the bottom of the page, list any relevant skill that is not shown.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***SKILLS*** | ***SKILL CODE*** | ***√*** | ***SKILL*** | ***SKILL CODE*** | ***√*** |
| *INDUSTRIAL*  |  |  | *CERTIFICATIONS* |  |  |
| *Light industrial*  | *INDUS* |  | *Driver’s License Class A.* | *DLCLSA* |  |
| *Shipping & Receiving* | *SHIP/RCVNG* |  | *Driver’s License Class B.* | *D/LCLSB* |  |
| *Packaging* | *PACKAGING* |  | *Driver’s License Class C.* | *D/LCLSC* |  |
| *Order Picking* | *ORDERPCKING* |  |  |  |  |
| *Warehouse* | *WAREHOUSE* |  |  |  |  |
| *Assembly* | *ASSEMBLY* |  | *Technical* |  |  |
| *Production*  | *PRDCTNCTRL* |  | *PC Board* | *PCBOARD* |  |
| *Rework* | *REWORK* |  |  |  |  |
| *Quality Control* | *QLTY/CTRL* |  |  |  |  |
| *Loading/Unloading* | *LDG/UNLDG* |  | *Hospitality* | *HOSP* |  |
| *Bulk Material Handling* | *BLKMATHNDL* |  | *Landry* | *LAUNDRY* |  |
| *Plastics & Rubber* | *PLSTC&RUBR* |  | *Housekeeping* | *HOUSEKEEP* |  |
| *Injection Molding* | *INJECTMOLD* |  | *Dishwashing* | *DISHWSHING* |  |
| *Bindery* | *BINDERY* |  | *Food Preparation* | *FOODPREP* |  |
| *Building Maintenance* | *BLDNMAINT* |  | *Cooking* | *COOKING* |  |
| *Machinery Maintenance* | *MACHMAINT* |  | *Service* | *SERVICE* |  |
| *Janitorial* | *JANITORIAL* |  | *Table Busing* | *TBLBUSING* |  |
| *Landscaping* | *LANDSCPING* |  | *Banquets* | *BANQUETS* |  |
| *Delivery/Courier* | *DELCOURIER* |  | *Bartending* | *BARTENDING* |  |
| *Machine Operation* | *MACHOPRATN* |  | *Others (Please List)* |  |  |
| *Lathe* | *LATHE* |  |  |  |  |
| *Printing Press* | *PRNTGPRESS* |  |  |  |  |
| *Drill Press* | *DRILLPRESS* |  |  |  |  |
| *Fork Lift* | *FORKLIFT* |  |  |  |  |
| *Pallet Jack* | *PALLETJACK* |  |  |  |  |
| *Fork Lift* |  |  |  |  |  |
| *Assembly-Electronic* | *ELECASMBLY* |  |  |  |  |
| *Assembly Mechanical* | *MECHASMBLY* |  |  |  |  |
| *Steel Toed Boots* | *STEELTOESH* |  |  |  |  |
| *Hard Hat* | *HARDHAT* |  |  |  |  |
| *Safety Glasses* | *SAFETYGLSS* |  |  |  |  |
| *Back Belt* | *BACKBELT* |  |  |  |  |
| *Lifting Ability (light 1-20 lbs)* | *LIFT-LIGHT* |  |  |  |  |
| *Lifting Ability (light 21-40 lbs)* | *LIFT-AVG* |  |  |  |  |
| *Lifting Ability (light 41-60 lbs)* | *LIFT-MODRT* |  |  |  |  |
| *Lifting Ability (light 60-75lbs)* | *LIFT-HEAVY* |  |  |  |  |
| *Others (Please List)* |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***SKILLS*** | ***SKILL CODE*** | ***√*** | ***SKILL*** | ***SKILL CODE*** | ***√*** |
| *Administration* |  |  | *Languages*  |  |  |
| *Filing*  | *FILING* |  | *Arabic* | *L-Arabic* |  |
| *Administrative /Secretarial*  | *ADMIN/SECR* |  | *Chinese* | *L-Chinese* |  |
| *Mail Room*  | *MAILROOM* |  | *Korean* | *L-Korean* |  |
| *Microfiche* | *MICOFICHE* |  | *Mandarin* | *L-Mandarin* |  |
| *Photocopying* | *PHTOCPYING* |  | *Polish* | *L-Polish* |  |
| *Reception* | *RECEPTION* |  | *Portuguese* | *L-PRTUGUES* |  |
| *Typing* | *TYPING* |  | *Romanian* | *L-Romanian* |  |
| *Customer Service* | *CUSTSVC* |  | *Russian* | *L-Russian* |  |
| *Medical* | *MEDICAL* |  | *Sign Language* | *SignLang* |  |
| *Data Entry* | *DATAENTRY* |  | *Spanish* | *L-Spanish* |  |
| *Compose Correspondence* | *CMPOSCORSP* |  | *Vietnamese* | *L-Vietname* |  |
| *Labels* | *LABELS* |  | *Filipino* | *L-Filipino* |  |
| *Transcription* | *TRNSCRPTN* |  | *French* | *L. French* |  |
| *Letters* | *LETTERS* |  | *German* | *LGerman* |  |
| *Confidential Information* | *CNFDNTLINF* |  | *Hebrew* | *L-Hebrew* |  |
| *Executive Support* | *EXECSUPRT* |  | *Italian* | *L-Italian* |  |
| *Proofreading*  | *EXECSUPRT* |  | *Japanese* | *L-Japanese* |  |
| *Shorthand* | *PROOFRDNG* |  |  |  |  |
| *Travel Arrangement* | *SHORTHAND* |  |  |  |  |
| *Other (Please List)* | *TRAVELARAN* |  | *Technology*  |  |  |
|  |  |  | *IBM* | *IBM* |  |
|  |  |  | *Macintosh* | *MACINTOSH* |  |
|  |  |  | *DOS*  | *MS-DOS* |  |
|  |  |  | *Windows* | *WINDOWS* |  |
| *Accounting/Finance* |  |  | *WordPerfect* | *WORDPERFECT* |  |
| *Accounts Receivable* | *A/R* |  | *Lotus 1-2-3* | *LOTUS 123* |  |
| *Payroll* | *A/P* |  | *Microsoft Word* | *MS-WORD* |  |
| *Bookkeeping* | *PAYROLL* |  | *Microsoft Excel* | *MS-EXCEL* |  |
| *Collections* | *BOOKKEEPING* |  | *Microsoft Access* | *MS-ACCESS* |  |
|  | *COLECTNS* |  | *Microsoft Power Point* | *MS-PPT* |  |
| *Sales & Marketing* |  |  | *PageMaker* | *PAGEMAKER* |  |
| *Sales & Marketing* | *S&M* |  | *Corel Draw* | *COREDRAW* |  |
| *Telemarketing* | *TELEMKTING* |  | *Others (Please List)* |  |  |
|  |  |  |  |  |  |
| *Legal* |  |  |  |  |  |
| *Legal* | *LEGAL* |  |  |  |  |
| *Banking- Legal*  | *BNKNG-LEG* |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SKILLS CHECKLIST**

*Please indicate any skills experience and expertise you have below. Place a √ mark to each skill that you are capable of and would like to perform on the job. In the space provided at the bottom of the page, list any relevant skill that is not shown.*

**DESIRED COMPENSATION**

**Minimum Accepted Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hourly:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Annually: \_\_\_\_\_\_\_\_\_**

**TRAVEL**

Are you willing to commute? Yes \_\_\_\_\_ No\_\_\_\_\_\_ Number of Miles: \_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to travel overnight? Yes \_\_\_\_\_ No\_\_\_\_\_\_

**IMPORTANT TIMESHEET/PAYROLL INFORMATION**

In order to ensure that your payroll checks are accurately prepared in a timely manner, please follow the procedures listed below. Any deviation from these procedures will result in the delay of your payroll disbursement until the following pay period.

**THE FOLLOWING PAYROLL PROCEDURES WILL BE STRICTLY ENFORCED:**

* All timesheets must be faxed to our office at (713) 650-6008 or dropped off in person by noon every Monday. (Unless otherwise directed due to holiday payroll schedule –this is rare) The best way to ensure timesheet receipt by noon Monday is to fax on Friday before leave your job site.
* Any timesheets received after the deadline will be processed and will be paid the following scheduled pay period. Timesheets must be legible and include the following before processing. Employee’s name, correct dates, Employee’s SS#, Client Signature, and hours totaled correctly (to the nearest quarter hour).
* It is your responsibility to be sure that a K Staffing LLC payroll representative has received your times please call your consultant to confirm receipt of faxed timesheet on Monday between the hours of 8:00-4:00pm.

Please confirm with K Staffing LLC your correct home address and daytime phone number to ensure prop delivery of advice of deposit.

**In an effort to provide you with alternative in obtaining your weekly pay, we have 2 options available. Please select ONE option and complete the last section of this form.**

\_\_\_\_\_\_ Direct Deposit –enables K Staffing LLC to deposit your regular net pay directly to your bank account each payday. (Friday) This is the best way to ensure that you receive your money, in your account, each payday. Instead of a check you receive an Advice of Deposit, which shows your gross pay, deductions, and take home pay. If you are interested in this option please contact a K Staffing LLC representative to request a Direct Deposit application.

\_\_\_\_\_\_\_Mail Checks – K Staffing LLC mail out on Wednesday and should arrive to you on Friday through U S Postal Mail.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (include apt # if necessary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Daytime phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evening phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employees may not install software onto their individual computers or the network without first receiving express authorization to do from the Client.

Employees should not alter or copy a file belonging to our Client without first obtaining permission from the owner of the file. The ability to ready, alter or copy a file belonging to another user does not imply permission to read, alter or copy that file.

**The Agreement will survive the termination of my assignment with Client and/or my employment with Employer.**

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

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

 Print Name Employee

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

Signature-Employee

 **PRE-EMPLOYMENT**

 The applicant below has applied for employment through K Staffing.

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ We believe that past performance is the best predictor of future performance. With this in mind, we would appreciate your feedback. Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ About the indicated employment qualifications. All response will be kept strictly confidential.

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For your convenience, this confirmation is postage paid, to return please. Fold and seal, or fax to number below. Thank you.

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete only the section indicated by a √ mark.**

***(Agency use only)***

**EMPLOYMENT REFERENCES**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the applicant information above match your records? \_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Rate the Applicant’s Excellent Good Fair Poor**

**\_\_Quality of Work \_\_\_ \_\_\_ \_\_\_ \_\_\_\_**

\_\_Attitude **\_\_\_ \_\_\_ \_\_\_ \_\_\_\_**

**\_\_Ability to build effective relationships with supervisor, colleagues and customers \_\_\_ \_\_\_ \_\_\_ \_\_\_\_**

**\_\_Reliability and attendance \_\_\_ \_\_\_ \_\_\_ \_\_\_\_**

**Mark the following pertaining to this person’s employment Is this person eligible for rehire?**

**\_\_Person currently employed with your company \_\_\_Yes**

**\_\_Left employment voluntarily/employment entirely favorable \_\_\_No-due to company policy/not related to unfavorable employment.**

**\_\_Discharge because of company cutback in workforce \_\_\_No-for reasons related to unfavorable employment (please explain)**

**\_\_Left employment voluntarily not entirely favorable (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROFESSIONAL REFERENCES**

**Does the applicant information above match your records? \_\_\_Yes \_\_\_\_\_No Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How do you know this individual and what is your relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate why you think he or she would be a good employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature and Dare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATION AND CREDENTIALS VERIFICATION**

**Does the applicant information above match your records \_\_\_\_Yes \_\_\_\_\_No Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree/Diploma:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credential/License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Exp:/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize K Staffing LLC to confirm any of the above information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_K Staffing LLC fax #\_\_713-650-6008\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL SAFETY RULES**

1. Know your job and follow instructions. If you do not know the safe way to do the job, ask your supervisor.
2. If the office equipment is not working properly, turn equipment off and report malfunction to your supervisor

 Immediately

1. Wrong wiring, overloaded outlets, and defective equipment should not be used.
2. Use office chairs for only intended use. Do not stand on chairs, tables or desks to obtain or reach for any object. Ask for assistance.
3. Do not attempt to move any office equipment. Ask your supervisor to arrange for any moving required.
4. Keep desk drawers, file cabinets and doors in closed position when not in use to avoid hitting or striking.
5. When using duplicating machines, copy machines, addressing machines, or paper cutters, use the machines in a safe work manner to avoid getting hands caught.
6. If you are required to carry any printed material, the weight should be limited to 20 lbs. The material should be carried to provide you with a clear visual path of the direction your are walking.
7. When lifting, use approved lifting techniques, i.e. bend your knees, grasp the load firmly, and then raise the load keeping your back as straight as possible. After the object has been firmly grasped, the lifting is done by straightening the legs. Never lift while the body is twisted since this puts the entire load on the muscles of one side of the body. Ask for help when necessary to lift or move any object which, because of its weight or shape, is difficult for one person to handle safely.
8. When ascending or descending steps or stairs, use the handrail to give support and balance. Be particularly careful when wearing high heels. Walk; do not run, in the halls, rooms, passageways, or on steps/ stairs. Always keep to the right and approach corridor intersections carefully. Open doors slowly using handle or push plate. Do not go into rooms that are not property lighted. Do not use stairways that are not properly lighted.
9. Do no place or stack material or objects which will obstruct pathway to work area, aisles, or walkways.
10. Watch for conditions and situations which are likely to cause falls, such as objects on floors or stairways.
11. Report all unsafe conditions to your K Staffing LLC supervisor immediately. This includes broken furniture, broken glass, and defective office equipment. You may report unsafe conditions anonymously if you prefer.
12. If you are required to enter the production area, be constantly alert to moving machinery and equipment. Stand clear of moving machinery or equipment. Notify your K Staffing LLC supervisor of any changes in your assigned duties.
13. Whenever you are involved in any accident that results in personal injury or damage to property, no matter how small, the accident it must be reported to your K Staffing LLC office immediately. Get first aid promptly.
14. I have watched the K Staffing LLC General Safety Orientation Video and I am aware of the rules and regulation above.

**K STAFFING LLC CERTIFICATION OF ORIENTATION TO GENERAL SAFETY RULES**

I have read and understand the rules listed above. I understand that disciplinary action, which could discharge as a result from violation of these rules. I have been given my personal copy of the General Safety Rules.

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

**APPLICANT – PLEASE READ AND SIGN THE FOLLOWING**

*I understand that the continuing ability of K Staffing LLC to provide for me and other desiring flexible assignments depends upon the quality of service rendered to clients. Upon acceptance of employment with you, I therefore agree to the follow:*

1. I will report to my assignment on a daily basis until the duties are completed
2. I will not leave the assignment without prior consent from both the client and you. I understand that if I do so, it will be considered a voluntary quit.
3. I will follow directions and perform the job duties as explained to me upon acceptance of each new assignment and understand that refusal to do may result in termination.
4. I will be professional and courteous at all times. I will wear appropriate work attire conducive to the working environment of each assignment.
5. I will notify you immediately if I report to an assignment and there are any changes in the required uniform, equipment or if any of the job duties are different from what I was initially told.
6. I will address all problems and concerns directly with you, never the client. I understand that you will communicate with the client for me.
7. I understand while on assignment that K Staffing LLC is my employer and I will call them if I am going to be late or absent from my assignment or to address any employment issues. If I do not show up for work and do not call to notify you, I will be considered to have abandoned my job which may result in disciplinary action up to and including termination.
8. I will notify you of my availability as soon as my assignment ends and on a weekly basis make contact with the office. I also understand that failure to do so will be considered a voluntary quit and I may be disqualified from receiving employment benefits in accordance with the unemployment law as mandated by my individual state.
9. I understand that the assignments I will be sent on through you vary in length and are subject to termination at any time without notice, and that my employment with you is also subject to termination at any time without notice. I also understand that neither you nor any of your clients will have any further obligation to me after termination of my employment with you termination of my assignment with a client.
10. I understand that will follow all safety standard, policies and procedures set by your clients and wear all required safety equipment.
11. I understand that time slips may be submitted to your office in person, by fax, or by mail and that I also have the option of picking up my paycheck directly from your office, or having it mailed to me.
12. I will follow all safety standards, policies and procedures set by your clients and wear all required safety equipment.
13. I will advise you of any on the job accident or injury immediately, as well as keep you informed of any unsafe condition at the worksite or if I am not being provided required safety training. I am aware that I may be so anonymously.
14. I will notify you of any changes to my address, phone number or anything else affecting my availability.
15. I understand that I am employed by K Staffing LLC and not a client to which I may be assigned and that I am not eligible to participate in any client profit sharing, pension, welfare benefit, bonus or other compensation or benefit plan of a client made available to its employees.
16. I will never discuss and will hold strictly confidential any business information that comes into my possession as a result of my employment with you, pertaining to your business and of your clients.
17. I will notify you immediately if any client offers me direct, employment, whether full-time while on assignment or within 90 days after that assignment has ended before accepting any offer.
18. I will always make you aware of any discrimination, sexual harassment or any other problems I may experience while on assignment. (A copy of K Staffing’s Sexual Harassment Policy appears on back of this form).
19. I have read and consented to the company’s Drug Free Workplace Policy. I understand failure to comply with such policy makes me ineligible for continued employment and is considered a voluntary quit.
20. I will not unlawfully manufacture, distribute, possess, use or be under the influence of this policy will result in immediate termination.
21. Credit History, motor vehicle and criminal background screening may be required as a condition of a flexible assignment or a full-time position with some clients, continued employment, or employment with K Staffing LLC.

***K Staffing LLC may revise the information contained herein at its sole discretion, with or without notice. Nothing contained in this document is intended to create a contract, express or implied.***

 ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Witness Date**

|  |
| --- |
| **If you would like a copy of these Policies and Procedures for your personal records, inform your Career Agent and a copy will be provided for you.** |

*I understand that the continuing ability of K Staffing LLC to provide for me and other desiring flexible assignments depends upon the quality of service rendered to clients. Upon acceptance of employment with you, I therefore agree to the follow:*

**SEXUAL HARASSMENT IS ILLEGAL**

Sexual harassment is illegal. It is this company’s policy that all employees be able to enjoy a work environment free from all forms of unlawful discrimination including sexual harassment.

**DEFINITION OF SEXUAL HARASSMENT**

Sexual harassment is defined as unwanted sexual advances, verbal and/or physical conduct of a sexual nature.

Sexual harassment also includes the submission to or rejection of such conduct if used as a basis for employment decisions, or if such conduct interferes with an individual’s work performance and/or if it creates an intimidating hostile or offensive work environment. Sexual harassment refers to behavior that has a negative effect on employee morale, and which is, therefore, damaging to the employment relationship, generally does not refer to occasional complaints of a socially acceptable nature. Sexual harassment includes gender-based harassment of a person of the same sex as the harasser.

**EXAMPLES SEXUAL HARASSMENT**

* Unwanted sexual advances
* Requests for sexual favors
* Offering employments benefits in exchange for sexual favors.
* Making or threatening reprisals after a negative response to sexual advances. For instance, an employee is or is threatened to be fired or denied a job or an employment benefit because he/she

 Refused to grant sexual favors or because he/she complained about sexual harassment.

* Unwanted hugs, kisses, touches, assault, leering, making sexual gestures, displaying of sexually suggestive or pornographic objects or pictures cartoons or posters.
* Verbal abuse of sexual nature including graphic, verbal commentaries about an individual’s body sexually degrading words used to describe an individual suggestive or obscene letters, notes or invitations making or using derogatory comments, epithets, slurs, or jokes.
* Statements that imply that a particular employee’s employment advancement resulted from granting sexual favors.

**E EXMAMPLE OF SEXUAL HARASSMENT**

Any field employee who believes that he or she is being sexually harassed should immediately report any incidents to his or her immediate supervisor at our office. In the event that an employee believes that his/her immediate supervisor is involved in the harassment, or that a previously reported complaint has not been satisfactorily resolved, the employee may contact the Human Resource Service Center at the K Staffing Corporate Service Center in Houston, Texas.

**HUMAN RESOURCE SERVICE CENTER**

**K STAFFING**

**723 MAIN STREET, SUITE 501**

**HOUSTON, TEXAS 77002**

**713-650-8888**

**PROTECTION AGAINST RETALIATION**

The filing of a sexual harassment complaint with the Company and/or the participation in a sexual harassment investigation conducted by the Company will not have a negative impact on an employee’s employment status, nor will participation in a sexual harassment investigation conducted by an outside agency such as the Equal Employment Opportunity Commission and/or a local Human Rights Agency have a negative impact on an employee’s employment status.

**DEPOSIT AUTHORIZATION**

**TO TAKE ADVANTAGE OF DIRECT DEPOSIT, SIMPLY:**

1. **COMPLETE THE FOLLOWING FOUR (4) SECTIONS.**
2. **ATTACH A VOIDED CHECK FOR VERIFICATION OF BACK INFORMATION**
3. **SIGN, DATE AND RETURN THIS FORM TO YOUR K STAFFING OFFICE**

**PURPOSE**

**\_\_\_\_\_ ENROLLMENT \_\_\_\_\_INFORMATION UPDATE \_\_\_\_\_\_CANCELLATION**

**EMPLOYEE INFORMATION**

**SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(FIRST) (M) (LAST)**

**BANK INFORMATION**

**BANK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BANK PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_CHECKING OR \_\_\_\_\_\_\_\_\_\_ SAVING ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(ENTIRE NET PAY WILL BE DEPOSITED INTO ONE ACCOUNT ONLY)**

**ABA/ROUTING NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PLEASE CALL YOUR BANK TO VERITY ABA/ROUTING AND ACCOUNT NUMBER)**

**PAYROLL DEPOSIT/DEDUCTION AUTHORIZATION**

I AUTHORIZE K STAFFING AND THE ABOVE NAMED BANK TO START THE DEPOSIT OF MY NET PAY TO MY ACCOUNT EACH PAY PERIOD. I UNDERSTAND THAT THESE INSTURCTIONS WILL REMAIN IN EFFECT UNTIL CHANGED BY ME IN WIRITING. I ALSO AUTHORIZE K STAFFING TO RECOVER ANY COMPENSATION FUNDS ERRONEOUSLY DEPOSITED INTO MY ACCOUNT.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE SIGNATURE

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT BELOW:

J. DOE 66-770 2121

123 MAIN ST.

ANYWHERE, USA

PAY TO THE ORDER OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOLLARS

FIRST NATIONAL BANK

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

:999888777: 770:964076 2121

ABA/ROUTING/NO. ACCT NO. CHECK NO.

**(THIS FORM WILL NOT REMAIN IN EMPLOYEE FILE) .**

**ALL OF YOUR EXPERIENCE IS VALUABLE**

**SO THAT WE CAN BETTER SERVE YOU,**

**PLEASE TELL US ABOUT PREVIOUS TEMPORARY ASSIGNMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMPANY NAME** | **SUPERVISOR** | **YOUR JOB TITLE** | **DATES WORKED** | **AGENCY** | **PAY RATE** |
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EMPLOYMENT APPLICATION

|  |
| --- |
|  APPLICANT INFORMATION  |
| Full Name: |  |  |  | Date: |  |
|  Last | First | M.I. |
| Address: |  |  |
|  Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: | ( )  | E-mail Address: |  |
| Date Available: |  | SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DOB: |  | Desired Salary: | $ |
| Position Applied for: |  | Drivers License: |  |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |
| Have you ever worked for this company? | YES[ ]  | NO[ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  |  |
| Or MisdemeanorIf yes, explain: |  |
|  |
|  E EDUCATION  |
| High School: |  | Address: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |
| College: |  | Address: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |
| Other: |  | Address: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |
| **Skills** |
| Typing: |  | 10 Key: |  |
| Software: |  |  |  |
| Ref REFERENCES |
| Please list three professional references. |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: | ( ) |
| Address: |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: | ( ) |
| Address: |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: | ( ) |
| Address: |  |
|  |
|  PREVI0US EMPLOYMENT |
| Company: |  | Phone: | ( ) |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
| Company: |  | Phone: | ( ) |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
| Company: |  | Phone: | ( ) |
| Address: |  | Supervisor: |  |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |
| Responsibilities: |  |
| From: |  | To: |  | Reason for Leaving: |  |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |
| M MILITARY SERVICE |
| Branch: |  | From: |  | To: |  |
| Rank at Discharge: |  | Type of Discharge: |  |
| If other than honorable, explain: |  |
|  |
|  D DISCLAIMER SIGNATURE |
|  |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |