

Personnel Management Solutions

PRE-QUALIFICATION APPLICATION

PLEASE **READ AND SIGN** THE BACK SIDE OF THIS FORM AND ANSWER ALL QUESTIONS BELOW SO THAT WE CAN DETERMINE YOUR AREAS

OF INTEREST FOR EMPLOYMENT AT *Personnel Management Solutions*.

PERSONAL INFORMATION

NAME: _____

STREET: _____

APT. No. _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

MOBILE: _____

Message phone: _____

Contact Person: _____

EMAIL ADDRESS: _____

DO YOU HAVE TRANSPORTATION TO AND FROM WORK? YES NO

HOW DID YOU HEAR ABOUT *PERSONNEL MANAGEMENT SOLUTIONS*?

NEWSPAPER Ad JOB FLIER OR POSTER DRIVE BY FRIEND/RELATIVE

OTHER (PLEASE SPECIFY): _____

LIST NAME OF FRIEND OR RELATIVE YOU HAVE BEEN REFERRED BY: _____

HAVE YOU EVER WORKED FOR ANOTHER STAFFING AGENCY? YES NO

IF YES, WHICH LOCATION? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE PAST 7 YEARS? YES NO

NOTE A FELONY CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FOR WORK.

ARE YOU CURRENTLY USING ILLEGAL DRUGS? YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO

WORK PREFERENCES

DO YOU PREFER: (PLEASE CHECK ONE)

PART-TIME

FULL-TIME

OCCASIONAL WORK

(ONLY SOME DAYS, PARTIAL WEEKS, OR ON-CALL)

WHAT DAYS ARE YOU AVAILABLE TO WORK?

MON TUES WED THUR FRI SAT SUN

WHAT SHIFT ARE YOU AVAILABLE TO WORK?

1ST 2ND 3RD ANY

HOW LONG WOULD YOU EXPECT TO WORK FOR *PERSONNEL MANAGEMENT SOLUTIONS*?

SHORT TERM LONG TERM TEMP-TO-HIRE

PAY RATE REQUIREMENT? \$ _____ HOURLY

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SKILLS, TRAINING & WORK EXPERIENCE

PLEASE CHECK THOSE AREAS IN WHICH YOU HAVE EXPERIENCE:

INDUSTRIAL

- ASSEMBLER
- CARPENTER
- CNC MACHINIST
- CONSTRUCTION HELPER
- DISPATCHER
- DRYWALL INSTALLER
- ELECTRICAL HELPER
- ELECTRONIC ASSEMBLY
- FAST FOOD — SERVER/COUNTER HELP
- FLAME CUTTER
- FORKLIFT DRIVER — CERTIFIED
- FURNITURE ASSEMBLY
- HOTEL/HOUSEKEEPING/MAID
- INVENTORY CLERK
- JANITORIAL WORK
- LANDSCAPE WORK
- LOADING / UNLOADING
- MACHINE OPERATOR
- MAIL ROOM — GENERAL
- MASONRY
- MATERIAL HANDLER
- MILL OPERATOR
- MOVING — GENERAL
- PACKAGING
- PAINTER — GENERAL HELPER
- PARKING ATTENDENT
- PLUMBING/PLUMBER'S HELPER
- PRODUCTION
- SHEET METAL INSTALLER
- SHIPPING/RECEIVING
- SHIPPING/RECEIVING CLERK
- WAREHOUSE SUPERVISOR/MANAGER
- WAREHOUSE WORK
- WELDER MIG TIG COMBO

Adv ___

BASIC ___ INTER ___ ADV ___

CLERICAL/PROFESSIONAL

- ACCOUNTANT
- ACCOUNTS PAYABLE
- ACCOUNTS RECEIVABLE
- ADMINISTRATIVE ASSISTANT
- AUDITOR
- BOOKKEEPER
- FILE CLERK
- CALL- CENTER
- COLLECTIONS
- CONTROLLER
- EXECUTIVE SECRETARY
- MEDICAL — FRONT OFFICE
- TELEMARKETING
- OFFICE CLERK
- PAYROLL CLERK
- RECEPTIONIST
- RECRUITER
- SALES PERSON
- SECRETARY
- SUPPORT REPRESENTATIVE
- SWITCHBOARD / PBX OPERATOR
- TYPING SPEED WPM** _____

TECHNICAL

- AUTO CAD
- DRAFTING DESIGN
- ENGINEERING
- GRAPHIC ARTIST
- QUALITY ASSURANCE
- QUALITY CONTROL
- SYSTEMS ANALYST
- TECHNICIAN
- MICROSOFT EXCEL BASIC ___ INTER ___ ADV ___
- QUICK BOOKS BASIC ___ INTER ___
- PEACH TREE

I DECLARE THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT **FALSIFYING INFORMATION MAY RESULT IN WITHDRAWAL OF ANY JOB OFFER AND TERMINATION OF EMPLOYMENT.**

SIGNATURE: _____ **DATE:** _____

PREVIOUS EMPLOYMENT HISTORY

Personnel Management Solutions

EMPLOYER (COMPANY NAME) _____

COMPANY LOCATION _____

EMPLOYED FROM _____ TO _____ POSITION _____ PAY RATE _____

SUPERVISOR _____ REASON FOR LEAVING _____

PHONE NUMBER _____ FAX NUMBER _____

EMPLOYER (COMPANY NAME) _____

COMPANY LOCATION _____

EMPLOYED FROM _____ TO _____ POSITION _____ PAY RATE _____

SUPERVISOR _____ REASON FOR LEAVING _____

PHONE NUMBER _____ FAX NUMBER _____

EMPLOYER (COMPANY NAME) _____

COMPANY LOCATION _____

EMPLOYED FROM _____ TO _____ POSITION _____ PAY RATE _____

SUPERVISOR _____ REASON FOR LEAVING _____

PHONE NUMBER _____ FAX NUMBER _____

EMPLOYER (COMPANY NAME) _____

COMPANY LOCATION _____

EMPLOYED FROM _____ TO _____ POSITION _____ PAY RATE _____

SUPERVISOR _____ REASON FOR LEAVING _____

PHONE NUMBER _____ FAX NUMBER _____

MY SIGNATURE ACKNOWLEDGES THAT I HAVE READ AND UNDERSTOOD THE REQUIREMENTS ABOVE AND THAT I CAN MEET THEM. I ALSO UNDERSTAND THAT IF I AM LATER FOUND UNABLE TO MEET THESE REQUIREMENTS, WHICH ANY JOB OFFER MAY BE WITHDRAWN AND MY EMPLOYMENT WITH PMS MAY BE TERMINATED. I HERBY AUTHORIZE PMS TO CHECK AND VERIFY ANY INFORMATION CONTAINED IN THIS FORM AND TO RELEASE INFORMATION, INCLUDING MY WORK HISTORY AND ANY SURVEY OR TEST RESULTS, AT THE COMPANY'S DISCRETION, TO REPRESENTATIVES OF PMS 'S CLIENTS WHERE I MAY BE CONSIDERED FOR ASSIGNMENT. I AGREE TO HOLD PMS HARMLESS AND RELEASE IT FROM ANY LIABILITY ARISING OUT OF THE PROCESS OF VERIFYING INFORMATION SOLICITING EMPLOYMENT REFERENCES, AND PROVIDING INFORMATION TO PMS 'S CLIENTS, I UNDERSTAND THE CONDITIONS OF MY EMPLOYMENT ARE AT WILL.

I HERBY AUTHORIZE PMS TO CONTACT PRIOR EMPLOYERS LISTED HEREIN, AND I HERBEY AGREE NO TO SUE, AND TO RELEASE MY PRIOR EMPLOYERS FROM DAMAGES OR LIABILITY RELATED TO THE RELEASE OF INFORMATION TO THE COMPANY.

PRINT NAME _____

SIGNATURE _____ DATE _____

CONFIDENTIAL. VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

Personnel Management Solutions

The information requested below is necessary for Personnel Management Solutions to Prepare Reports required by state and federal law. The information is CONFIDENTIAL AND WILL NOT BE USED TO MAKE A DECISION ABOUT YOUR EMPLOYMENT and is voluntary on your part. Your cooperation in providing this information is appreciated.

RACIAL/ETHNIC DESIGNATIONS

- American Indian or Alaskan Native – A person having origins in any of the original peoples of North America or South America (including Central America) and who maintains tribal affiliations or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- Native Hawaiian or Other Pacific Islanders – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe, North America, or the Middle East.
- Hispanic or Latino (all races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- Hispanic or Latino (White race only). – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
- Hispanic or Latino (all other races). – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

DEMOGRAPHIC DATA

DATE OF BIRTH: _____

FEMALE
MALE

SINGLE
MARRIED
SEPARATED
DIVORCED
WIDOWED

Printed Name: _____

Signature: _____

DATE: _____

YOU MUST MEET THE MINIMUM REQUIREMENTS BELOW TO QUALIFY FOR ALL OR MOST *PMS* JOBS. IF YOU ARE UNABLE TO MEET A REQUIREMENT OR IF YOU ARE UNCERTAIN OR DO NOT UNDERSTAND A REQUIREMENT, PLEASE SPEAK WITH A *PMS* REPRESENTATIVE.

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1. PHYSICAL REQUIREMENTS

- DEPENDING ON THE ASSIGNMENTS AVAILABLE AT *PMS*, SOME JOBS MAY REQUIRE BENDING, **STOOPING** LIFTING, OR OTHER TYPES OF PHYSICAL LABOR. ASK THE *PMS* REPRESENTATIVE TO REVIEW JOBS AVAILABLE IF YOU HAVE ANY QUESTIONS ON PHYSICAL REQUIREMENTS, OR IF YOU BELIEVE THAT YOU MAY BE UNABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF A PARTICULAR ASSIGNMENT.

2. READINESS REQUIREMENTS

- **REPORT TO WORK ON TIME, AS INDICATED BY *PMS*.**
- **ARRIVE FOR WORK IN CLEAN, PROFESSIONAL ATTIRE**
- UNTORN WORK CLOTHES (INCLUDING LONG PANTS AND WORK SHOES).
- **MAINTAIN A NEAT AND CLEAN PERSONAL APPEARANCE.**
- WILLING TO WEAR PROTECTIVE CLOTHING AND/OR EQUIPMENT (STEEL-TOED-BOOTS, SAFETY GLASSES, HARD HAT, AND ECT.)
- WILLING TO WEAR A COMPANY-PROVIDED WORK SHIRT AND PICTURE ID/NAME BADGE.

3. POLICY REQUIREMENTS

- FOLLOW *PMS* **DRUG** POLICY PROHIBITING THE USE, POSSESSION OR SOLICITATION FOR A SALE OF ANY ILLEGAL DRUGS OR ALCOHOL ON *PMS* OR CLIENT COMPANY PREMISES OR WHILE PERFORMING ANY COMPANY JOB.
- **WILLING TO TAKE A DRUG TEST WITH OUT ADVANCE NOTICE .**
- PROVIDE AT LEAST ONE POSITIVE WORK REFERENCE.
- BEHAVE IN A BUSINESS-LIKE MANNER, WITH NO CURSING, ROWDINESS OR FIGHTING.
- FOLLOW DIRECTIONS AND ALL SAFETY RULES.
- ACCEPT ANY NORMAL AND REASONABLE WORK ASSIGNMENT.
- COMPLETE SAFE WORK SHIFT ONCE IS ACCEPTED AND BEGUN.
- RESPONSIBLE FOR RETURNING SIGNED TIME CARDS TO THE **PERSONNEL MANAGEMENT SOLUTIONS OFFICE**

4. DOCUMENTATION REQUIREMENTS

- PROVIDE ACCEPTABLE DOCUMENTS TO ESTABLISH LEGAL AND EMPLOYMENT ELIGIBILITY VERIFICATION (PERTINENT TO **INS** FOR I-9 FORM).
- **CURRENT CALIFORNIA DRIVERS LICENSE**
- **CURRENT VEHICLE REGISTRATION**
- **CURRENT VEHICLE INSURANCE COVERAGE**

I HAVE READ THE ABOVE, UNDERSTAND AND AGREE TO COMPLY WITH THE ABOVE STATED POLICIES AND PROCEDURES.

SIGNATURE _____ **DATE** _____