



EMPLOYMENT APPLICATION

Full Name: _____ **Date:** _____
 Last First M.I.

Address Apt/Unit # City State Zip Code

Phone: _____ **Email:** _____

Date of Birth: _____ **Position Applied for:** _____ **Desired Salary:** \$ _____

Social Security No: _____ Are you interested in full time or part-time Shift Avail: 1st 2nd 3rd

Do you have transportation? YES NO If not, please explain? _____

Are you legally eligible for employment in this country? YES NO If they have been explained to you, are you able to meet the attendance requirements for this position? YES NO

If you are under age 18 and it is required, can you furnish a work permit? YES NO As a condition of employment, will you submit to a drug test? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company? YES NO

EDUCATION

SCHOOL	NAME & LOCATION	GRADUATED	MAYOR
High School		YES or NO	
College		YES or NO	
Other (Specify)		YES or NO	
Special Studies		YES or NO	

REFERENCES: Give the names of three people not related to you:

NAME	ADDRESS & PHONE	BUSINESS	YEARS KNOW
1			
2			

May we contact the reference? Yes, No or Later (circle)

If not addressed on a previous section, have you ever been fired or asked to resign from a job? YES NO (circle)

EMPLOYMENT HISTORY: Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer. No time gaps please. Use back if necessary.

1. Company Name	Telephone ()
Address (Include City & State)	Employed (Month and Year) From: To:
Name of Supervisor	Reason for leaving
Job Title & Duties	

2. Company Name	Telephone ()
Address (Include City & State)	Employed (Month and Year) From: To:
Name of Supervisor	Reason for leaving
Job Title & Duties	

Please use this space to complete any sections and to explain any gaps in your employment, other than those due to personal illness, injury or disability.

EMPLOYEE EMERGENCY CONTACT INFORMATION

Full Name (print)	Phone Number	Relationship
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MAILING OUT CHECK AGREEMENT

I hereby authorize Beyond Financials Solutions, Inc. to mail out my check on a weekly basis or as request it by me. I also authorize Beyond Financials Solutions, Inc. to make withdrawal a fee of \$35.00 dollars in the event that a check has to be re issue, to put a stop payment, due to lost or stolen checks.

Further, I agree not to hold Beyond Financials Solutions, Inc. responsible for any delay or loss of any checks due to incorrect or incomplete information supplied by me. I, also state that in the event a check needs to be re issue and mail to my address, I will make sure to verify my address to avoid any delays. (714) 833-5074 This agreement will remain in effect unit Beyond Financials Solutions, Inc. receives a written notice of cancellation from me to the payroll department.

MEDICAL AUTHORIZATION

I hereby authorize the release of any and all medical, hospital, vocational and psychological records and other information related to my injury, illness or worker's compensation claim (hereinafter collectively referred to as "Medical Information") to New Vision Staffing, its employees, agents and authorized representatives. I hereby permit New Vision Staffing to review and obtain copies of any and all Medical Information and to discuss pertinent Medical Information with professionals involved in my health care treatment. I hereby give New Vision Staffing permission to release the Medical Information to healthcare providers, third party administrators, federal or state court, Workers' Compensation Boards, employers, insurers and any other party who may be involved with my claim, treatment or vocational rehabilitation, or as required by law. Pursuant to Title 42 Section 1395y, carriers are required to share claimants' Medical Information to enable the Centers for Medicare & Medicaid Services, formerly known as Healthcare Financing Administration (CMS) to determine eligibility for benefits. I hereby give New Vision Staffing permission to discuss, disclose and release any Medical Information with or to CMS in connection with my claim. I hereby release New Vision Staffing from any liability or loss due to the release of any Medical Information. I understand that all information released will be handled confidentially and in accordance with all applicable laws. I also understand that this authorization shall stay in effect until the closure of the claim file. I certify that this authorization has been made voluntarily and that the information given herein is accurate to the best of my knowledge. A photocopy of this authorization shall have the same validity as the original.

VOLUNTARY EEO SELF - IDENTIFICATION

ETHNICITY

(Check one)

- I choose not to self-identify at this time
- Hispanic / Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)
- Non-Hispanic / Latino**
- 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.)
- American Indian, Alaskan Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian / Other Pacific Islander** (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Non-Hispanic / Latino - Two or More Races** (All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.)

GENDER Male Female

MILITARY STATUS: N/A NON A VETERAN (circle) an or check one below)

- Vietnam Veteran** (A Veteran of the Vietnam-era means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed:(A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.)
- Special Disabled Veteran** (A "special disabled veteran" is a person who is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more; or, rated at 10 or 20 percent, if it has been determined that the individual has a serious employment disability; or, a person who was discharged or released from active duty because of a service-connected disability.)
- Other War Veteran** (An "other protected veteran" means any other veteran who served on active duty in the U.S. military ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.)
- Disabled** (A "disabled veteran" means a veteran who served on active duty in the U.S. military ground, naval, or air service and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability)
- Newly Separated Veteran** (A Newly Separated Veterans means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.)

NOTICE TO APPLICANTS

Employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical questionnaire and/or undergo a medical

examination. If required, the same employees in the same job category will be subject to the same medical questionnaires and/or undergo a medical examination, and all information will be kept confidential in separate files.

Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, religion, color, sex (including pregnancy and gender identity), sexual orientation, parental status, marital status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or any other non-merit based factor. We assure you that your opportunity for employment with Employer depends solely upon your qualifications.

AT-WILL EMPLOYMENT

The undersigned employee, in consideration of my hiring by New Vision Staffing as an at-will staffed employee of New Vision Staffing, acknowledge and agree to the following: I have been hired as an at-will employee of New Vision Staffing which is an employee staffing company and there is no contract of employment which exists between me and the client to which I have been assigned, nor between New Vision Staffing and me. I understand and agree that either New Vision Staffing or I can terminate our employment relationship at any time, as I am an at-will employee. I also agree that I may be assigned to an affiliated New Vision Staffing company and employed by such company at any time at the sole and complete discretion of New Vision Staffing and without my consent or agreement. I understand that the client to which I am assigned at all times remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee even if New Vision Staffing is not paid by the client to which I am assigned. I have been informed and I agree that if my assignment with any New Vision Staffing client to which I am assigned ends for any reason, I must report back to New Vision Staffing within Twenty Four (24) hours for possible reassignment and that unemployment benefits may be denied me if I fail to do so. In recognition of the fact that any work injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such statutes which might result from suits against the customers or clients of New Vision Staffing or against New Vision Staffing based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of New Vision Staffing or against New Vision Staffing for damages based upon injuries which are covered under such workers' compensation statutes.

In the case that New Vision Staffing client maintains policies providing paid leave benefits such as vacation, sick leave, PTO, or severance pay, Client Company is solely responsible for paying any accrued benefits under such policies during employment and at the time of termination. New Vision Staffing does not provide, and has no policy providing, vacation or other paid leave benefits. To the extent paid leave benefits are paid through New Vision Staffing's payroll to Employee, it is solely as a payroll service on behalf of Client Company. Similarly, to the extent Client Company provides other benefits pursuant to policies to which New Vision Staffing is not a party, such as stock options, bonuses, profit sharing, retirement benefits, and so forth, Client Company is solely responsible for providing the benefits prescribed by those policies.

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 5 days or 40 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave;
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 - Requesting or using accrued sick days;
 - Attempting to exercise the right to use accrued paid sick days;
 - Filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 - Code;
 - Cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check box)

- Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- The employee is exempt from paid sick leave protection by Labor Code §245.5 (State exemption and specific subsection for exemption): _____

STATEMENT OF APPLICANT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize employer to release the information contained herein, its findings, and my work history to other firms or persons upon request. I understand and agree that I may be expected to work on a wide variety of job assignments in the Greater Metropolitan area and agree to accept assignment for which I am qualified and available for. I understand that in the event I am hired, failure to report to employer or not showing up to a work site will indicate I have quit.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in any application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that employment is at will of both the employee and employer. This means the employee may quit at any time with or without notice. It also means there is no promise that employment will continue for any reason and it may be terminated by the employer at any time for any reason, with or without notice. Nor is there any promise that your employment will be terminated only under particular circumstances. No one has the authority to make representations inconsistent with this policy. This policy supersedes all written and oral representations that are in any way inconsistent with it.

If employed by the employer, the undersigned agrees and consents to alcohol and/or drug testing whenever there is reasonable suspicion to believe that the undersigned possesses or is under the influence of drugs and/or alcohol and such use or influence may adversely affect the undersigned's job performance, or the safety of the undersigned or co-workers.

Further, I agree, that if I am hired, any employment dispute or grievance whatsoever which may arise during, or as a result of, my employment, or Application for Employment, which cannot be resolved between myself and employer or any of its affiliated companies, shall be resolved or settled by binding arbitration.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature

Date

Applicant - Do Not write below this line

Interviewed by

(Interpret in Spanish) _____ (employee initial)

Date