

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT IN INK OR TYPE)

COMPANY:	TODAY'S DATE
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PERSONAL INFORMATION

POSITIONS APPLYING FOR		Birth Date:		SOCIAL SECURITY NUMBER	
LAST NAME	FIRST NAME	MIDDLE INITIAL	PREVIOUS LAST NAME		
STREET ADDRESS		CITY	STATE	ZIP CODE	
PHONE NUMBER		WHEN CAN YOU BEGIN WORK?		MINIMUM ACCEPTABLE SALARY	
HOME:		WORK:			
SPECIFY TYPE OF WORK DESIRED	Full-TIME PART-TIME TEMPORARY		WILL YOU WORK OVERTIME WHEN SCHEDULED OR REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DAYS AND SHIFTS YOU CAN WORK	
ARE YOU A CITIZEN OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHAT DOCUMENT DO YOU HAVE WHICH AUTHORIZES YOU TO WORK IN THIS COUNTRY?			

WHO SHOULD WE NOTIFY IN CASE OF EMERGENCY?	NAME RELATIONSHIP	ADDRESS	PHONE
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EDUCATION

SCHOOL	NAME	CITY	STATE	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA OR DEGREE RECEIVED	SEM/ QTR HOURS EARNED	COURSE S OR MAJOR
HIGH SCHOOL							S Q	
VOCATIONAL TECHNICAL SCHOOL							S Q	
COLLEGE OR UNIVERSITY							S Q	
COLLEGE OR UNIVERSITY							S Q	
OTHER							S Q	

U.S. MILITARY SERVICE

ARE YOU A VETERAN? IF YES, BE SURE TO INCLUDE IN WORK HISTORY ON NEXT PAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU PROVIDE A COPY OF YOUR FORM DD214? <input type="checkbox"/> YES <input type="checkbox"/> NO
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LICENSES AND SPECIAL SKILLS

LIST THE NUMBER AND EXPIRATION DATE OF ANY PROFESSIONAL OR OCCUPATIONAL LICENSE YOU HOLD (PLEASE ATTACH COPY)

DO YOU TYPE? (WPM) EQUIPMENT?	LIST SOFTWARE PACKAGES USED	DO YOU USE DICTATING
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LIST ANY OFFICE EQUIPMENT YOU OPERATE

LIST OTHER JOB-RELATED SKILLS YOU HAVE

HEALTH

ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

IF NOT, PLEASE DESCRIBE THE FUNCTIONS YOU CAN PERFORM WITH OR WITHOUT REASONABLE ACCOMMODATIONS.

COMPLETE EMPLOYMENT HISTORY TO INCLUDE MILITARY SERVICE (LIST LAST EMPLOYER FIRST)

(YOU MUST ACCOUNT FOR ALL TIME PERIODS INCLUDING UNEMPLOYMENT, MILITARY SERVICE, ETC. IF ADDITIONAL SPACE IS NEEDED, REQUEST ANOTHER SHEET)

		EMPLOYER'S NAME		STARTING SALARY	ENDING SALARY
MONTH	YEAR	EMPLOYER'S ADDRESS/PHONE NUMBER		YOUR JOB TITLE	
FROM		SUPERVISOR'S NAME/TITLE	MAY WE CALL/SEND FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DUTIES:	
TO		REASON FOR LEAVING	NUMBER OF HOURS WORKED PER WEEK		

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MONTH	YEAR	EMPLOYER'S ADDRESS/PHONE NUMBER		YOUR JOB TITLE	
FROM		SUPERVISOR'S NAME/TITLE	MAY WE CALL/SEND FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DUTIES:	
TO		REASON FOR LEAVING	NUMBER OF HOURS WORKED PER WEEK		

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FROM		SUPERVISOR'S NAME/TITLE	MAY WE CALL/SEND FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DUTIES:	
TO		REASON FOR LEAVING	NUMBER OF HOURS WORKED PER WEEK		

PLEASE READ CAREFULLY AND PROVIDE SIGNATURE BELOW

STATEMENT OF POLICY

Alabama Staff, Inc. (hereafter referred to as the "Company") is an Equal Opportunity Employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, national origin, disability or veteran status. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, national origin, or due to disability or veteran status.

PREEMPLOYMENT STATEMENT

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other material, or during any interviews, can be justification of refusal of employment, or, if employed, termination from Company's employ.
2. Any offer of employment I may receive from Company is contingent upon my successful completion of the company's total preemployment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any postoffer preemployment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any postoffer preemployment or postemployment medical exams I may be required to take disclosed to Company.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Company. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Company.
4. In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. I should promptly report any job related harassment, complaints, or if I believe that I have been treated in an unlawful discriminatory manner to my supervisor or the Human Resources Department of Alabama Staff, Inc. by calling (205) 252-7823 or 1-800-844-7823. I also understand that I should report any concerns about policies, procedures, practices, or any issue of concern arising in the workplace to my immediate supervisor, where practicable, or the Human Resources Department of Alabama Staff.
7. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company, including but not limited to the company's drug and alcohol policy, sexual harassment policy, and conflict resolution policy, and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the president of the Company.

Signature _____

Date _____