



Application for Employment

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Federal law prohibits discrimination based on age, race, religion, sex, national origin or qualified individuals with disabilities and information given through your application cannot and will not be used for any discriminatory purpose by SUPERIORHIRE.**

Last Name	First Name	Middle Initial	
Address			
City	State	Zip Code	How long?
Home Phone	Cell Phone Number	Cell Phone Carrier	Social Security Number
Email address	Drivers License No	Issuing State	
List all language(s) that you speak fluently.			
Which specialty are you applying to?			
<input type="checkbox"/> Administrative/Clerical <input type="checkbox"/> Accounting/Finance <input type="checkbox"/> Call Center <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Medical			
Check the following work options you would consider: <input type="checkbox"/> Temporary <input type="checkbox"/> Temp to Hire <input type="checkbox"/> Contract <input type="checkbox"/> Direct Hire			

**EDUCATION INFORMATION**

Level Achieved	Name	City and State	Graduated	Graduation Date	Degree	Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical School			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Other education, training, certifications, licenses or special skills that you have which relate to this job?

**REFERENCES (List three Business References)**

Name	Company	Title of Supervisor	Telephone Number
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Have you ever been convicted of or received deferred adjudication or probation for a misdemeanor (other than minor traffic tickets) or felony or are you now under court supervision or awaiting trial or sentencing for any crime?  
 Yes    No    If yes, please provide details:

**FOR SUPERIOR PERSONNEL ONLY**

Min Hourly/Salary:	Primary Skill/Secondary Skill
I-9 Verification   Yes <input type="checkbox"/> No <input type="checkbox"/>	Interviewed By: _____

## EMPLOYMENT HISTORY

(List below all of your former employers, beginning with the most recent)

	Dates of Employment	Employer Name/City/State	Nature of Business	Your Title
1	Start			
	Finish			
2	Start			
	Finish			
3	Start			
	Finish			
4	Start			
	Finish			
5	Start			
	Finish			

	Duties Performed	Reason for Leaving	Pay History	Name of Supervisor and Business Phone
1			Start	Name
			End	Phone Number
2			Start	Name
			End	Phone Number
3			Start	Name
			End	Phone Number
4			Start	Name
			End	Phone Number
5			Start	Name
			End	Phone Number

Current Base Salary (exclude bonuses and value of benefits): \$

Desired Salary of Your Next Opportunity: \$

Do you plan to give notice at your current job?  Yes  No If no please explain.:

Are you registered with other recruiting and staffing firms?  Yes  No Please List Other Staffing Firms

### EMERGENCY CONTACTS: List two names we should contact in case of emergency

Name	Name
Phone	Phone
Relationship	Relationship



## POLICIES AND PROCEDURES

(Please read and place your initials in the space provided next to each statement to indicate you have read and understand the policy and will abide and/or attest to each statement.)

- I hereby affirm that the information provided on this application and accompanying resume and additional documentation is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
- I authorized all persons listed above and on any accompanying documentation to give SUPERIORHIRE("SUPER") any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise and release all parties, such persons and SUPER from liability for any damage that may result from furnishing same to SUPER.
- I understand that SUPER will provide workers' compensation insurance coverage for its employees. I understand that under no circumstances am I to lift, pull, push, or move any object that weighs more than twenty (20) pounds. In the event anyone requests that you move any object, I understand that I am to call my supervisor at SUPER and inform them. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under the workers' compensation insurance policy held by SUPER.
- I understand that during my assignment, I am not to drive any vehicle on behalf of the client either on site or off site. I understand that if the client requests that I drive a vehicle on their behalf that I am to immediately contact my supervisor at SUPER and decline the request.
- I understand that I am not authorized to make any financial commitments on behalf of SUPER or the Client at which I am working. I also understand that in the event I do make any kind of financial commitment that causes SUPER to make payment to Client, the Client's customers, or the Client's employees that I may be required to repay that commitment via payroll deduction.
- I agree to conform to the rules and regulations of SUPER and the client company to which I am assigned. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of either SUPER or myself.
- I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to SUPER for its use. I understand that any positive drug or alcohol result may preclude me from employment.
- I understand that I am expected to complete any job assignment I accept. Failure to comply may be grounds for termination, dismissal or pay down-grade.
- I understand that I am an employee of SUPER and only I or SUPER can terminate my employment. When my assignment ends, I must call within the next working day of my availability for my next assignment. Failure to do so or to accept my next job assignment will indicate that I have voluntarily quit and I will not be eligible for unemployment benefits.
- I understand that SUPER has a very strict "NO DRUG POLICY." My failure to comply with this will be grounds for immediate termination.
- If I am going to be late to or absent from my assignment, I will contact SUPER at 972-248-4422, IMMEDIATELY, so the client can be notified as soon as possible. My failure to comply may be grounds for dismissal, termination or pay downgrade and may jeopardize any unemployment benefits.
- If I sustain an injury on the job, I will inform the CLIENT AND SUPER immediately after the accident. SUPER will notify both the client and me of the proper procedures for treatment and reporting of the accident.
- I understand that my rate of pay is confidential and should not be discussed with my coworkers. If I do share this information with my coworkers, I can be terminated from SUPER and will not be eligible for rehire.
- SUPER pays its employees once a week. The pay period starts on Monday and ends on Sunday. Checks are received via direct deposit or picked up at the SUPER office on Friday following the week worked.
- I understand that in order to be paid in a timely manner, my timesheet must be completed, signed by my supervisor and faxed or emailed to the SUPER office by 12:00 (NOON) each Monday following the week worked. Any timesheets received after the 12:00 noon deadline or incomplete timesheets may be paid the next pay period.
- I understand that my cell phone or pager should be turned OFF while I am on my assignment. I also understand that personal use of the Internet is not allowed and that personal calls are only to be made at lunch or breaks.
- I understand that clients are engaged in research, development and production and that Clients' possesses and will create, discover, develop, and otherwise possess commercially valuable information. This information includes, but is not limited to, trade secrets, processes, formulas, inventions, techniques, marketing plans, strategies, forecasts, computer programs, patentable or valuable information created by, discovered or developed by, or made known to me during the period of or arising out of employment by SUPER and Client. All of the above information is called "Proprietary Information."
- All proprietary information, patents, copyrights and other rights in connection therewith shall be the sole property of SUPER or its Clients and respective assigns. Employee shall keep all proprietary information in confidence and trust during the term of the employment relationship and afterwards, and will not use or disclose any such information without the written consent of SUPER and its Clients, except as may be necessary in the ordinary course of performing my duties to SUPER. All documents, records, apparatus, equipment and other physical property, or reproductions thereof, furnished to me by SUPER or its Clients or produced in connection with the performance of assignments, whether or not pertaining to proprietary information, shall be and remain the sole property of SUPER and its Clients and shall be returned immediately upon request or upon termination of employment for any reason.
- I understand if I voluntarily leave an assignment before the agreed-upon end date, the cost of any required drug screens, background checks and/or credit checks may be deducted from my final pay. I hereby authorize SUPER to make this deduction.
- I have read and fully understand the above statements regarding SUPER'S policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my unemployment insurance benefits

Applicant Signature

Date

Applicant Printed Name