

# Employee Data Sheet

## USA Staffing, Inc.

- New Hire
- Rehire
- Change Request

Effective: \_\_\_\_\_

Employee Section

Client#	Client Name	Division #	Department #
Employee #	Social Security #	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name	First Name	Middle	
Address	City	State	Zip
Phone	Date of Birth	Personal Email Address	
Drivers License Number & State	Emergency Contact – Name & Phone Number		
Federal Withholding	Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married; withhold at Single rate		W-4 Exemptions _____ Additional Withholding \$ _____
State Withholding	Number of Exemptions _____		Number of Dependents _____ Additional Withholding \$ _____

**Ethnic Code** (For EEOC Reporting Purposes Only)

- Asian
- Black (not of Hispanic origin)
- Hispanic (regardless of race)
- White (not of Hispanic origin)
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander

**FOR STOP DEDUCTIONS ONLY: I hereby authorize you to stop deductions as follows:**

Amount: \$ \_\_\_\_\_ for \_\_\_\_\_ effective date: \_\_\_\_\_

**Employee Authorization:** I hereby authorize my employer, their agents and successors to make certain deductions from my paycheck for elective deductions as indicated by a dollar amount below; or debts incurred for property damage, theft, payroll overages or other such situations which may occur in the future. I understand these deductions will continue until written notice is received from me requesting to stop the deduction or the amount owed by me has been satisfied. In the event of my separation, I agree to have the balance of all outstanding deductions to be withheld from my final paycheck. If my final paycheck is not sufficient to cover the balance due, I will pay the remaining amounts within thirty days of my last check date or other terms mutually agreed upon between me and my worksite employer. I authorize USA Staffing, Inc. to send my final paycheck to my last known home address via First Class mail.



Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Worksite Employer Section

Job Title	W/C Code	Work State
Work Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp. Full-time <input type="checkbox"/> Temp. Part-time <input type="checkbox"/> Other	
Pay Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	
Pay Type	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Other	
Emergent HR Hire Date	Original Hire Date	Pay Rate (Per Pay Period)
Payroll Change	Effective Date	Old Wage
		New Wage
EEO Class	<input type="checkbox"/> 1-Officials & Managers <input type="checkbox"/> 2-Professionals <input type="checkbox"/> 3-Technicians <input type="checkbox"/> 4-Sales Workers <input type="checkbox"/> 5-Office & Clerical <input type="checkbox"/> 6-Craft Workers <input type="checkbox"/> 7-Operatives <input type="checkbox"/> 8-Laborers <input type="checkbox"/> 9-Service Workers	

Brief Description of Duties: \_\_\_\_\_

Deduction Per Pay Period	Medical	Dental	Life	401k	401k Loan (include balance)
Advance	Tools	Phone	Uniforms	Other	Loan (include balance)



Signature of Authorized Person \_\_\_\_\_

Date \_\_\_\_\_

New employee enrollment cannot be completed without a W-4 form, I-9 form and copies of documents establishing eligibility to work in the United States.



# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin.

**PLEASE READ BEFORE COMPLETING THIS APPLICATION**

Thank you for applying for a job with USA Staffing, Inc., an off-site human resources company that assigns workers to a variety of clients in different industries and locations. By completing this application, you help us to determine whether there is a basis for a working relationship between you and USA Staffing, Inc. Please understand that our acceptance of this application does not create any obligation on our part to hire you nor on your part to work for us. Also, be aware that your signature on this document has legal consequences. We suggest that you read the "Applicant's Acknowledgment" at the end of this application before you proceed further so that you are fully aware of what we expect of applicants and employees. **PLEASE ANSWER EVERY QUESTION THOROUGHLY AND TRUTHFULLY, USING INK.**

Applicant's Name (First - Middle - Last) Social Security Number Driver's License Number State

Address Number-Street-City-State-Zip Phone Numbers Day Evening

Position Applied For Salary Requirements Date Available for Work In Case of an Emergency, Please Notify: (List Name(s) and Phone Number(s))

List Previous Addresses if Address Changed During the Past 5 Years

Have you been employed by our organization before?  Yes  No If yes, when and where? \_\_\_\_\_

Are you 18 years of age or older? We may require proof of age.  Yes  No

Are you eligible to work in the United States? Proof of Eligibility required.  Yes  No

Have you ever been given deferred adjudication, or been convicted of a felony or misdemeanor?  Yes  No If yes, explain \_\_\_\_\_

Are you now a member of the National Guard/U.S. Armed Forces Reserves?  Yes  No

Have you ever been on active U.S. Military Duty?  Yes  No If yes, state branch and dates of service \_\_\_\_\_

Job Skills (List experience) \_\_\_\_\_

**UNEMPLOYMENT RECORD** Account for all periods of unemployment of 2 weeks duration or more since you left school to present time. Please include the month and year, and state what you were doing. Example: From 6-06 to 8-06 Relocated from another state, searching for job.

**THIS SECTION IS REQUIRED IF AS AN EMPLOYEE, YOU WILL DRIVE A VEHICLE(S) FOR COMPANY BUSINESS**

Auto Liability Expiration Date Drivers License # State Type of License Expiration Date Restrictions  
(Attach copy of Proof of Auto Liability) (Attach Copy of Driver's License)

**LIST ALL ACCIDENTS AND/OR TRAFFIC VIOLATIONS IN PAST THREE (3) YEARS.**

Date Description of Accident/Violation Has your Driver's License ever been suspended or revoked? ( ) Yes ( ) No If yes, explain below:

**EMPLOYMENT HISTORY** Starting with Present or Most Recent, list all previous employers for the past 7 years. List only employers within the United States. Include self-employment, summer and part-time jobs, as well as military service. (Use back for additional space)

Company Name	City/State	Phone Number
Supervisor's Name	Position Held	Starting Salary Ending Salary
Major Duties _____		
Dates Employed _____ To _____ Reason for Leaving _____		

Company Name	City/State	Phone Number
Supervisor's Name	Position Held	Starting Salary Ending Salary
Major Duties _____		
Dates Employed _____ To _____ Reason for Leaving _____		



**EMPLOYMENT HISTORY, continued**

Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting pay	Ending pay
Major Duties			
Dates Employed _____ to _____ Reason for leaving: _____			
Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting pay	Ending pay
Major Duties			
Dates Employed _____ to _____ Reason for leaving: _____			
Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting pay	Ending pay
Major Duties			
Dates Employed _____ to _____ Reason for leaving: _____			
Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting pay	Ending pay
Major Duties			
Dates Employed _____ to _____ Reason for leaving: _____			

**APPLICANT ACKNOWLEDGMENT OF TERMS & CONDITIONS OF APPLICATION AND/OR EMPLOYMENT**

**IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS, PLEASE ASK A USA STAFFING, INC. REPRESENTATIVE BEFORE YOU SIGN THIS APPLICATION.**

In exchange for USA STAFFING, INC.'s consideration of this employment application:

1. I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract except for the Employment-At-Will and the Dispute Resolution Agreement.
2. I promise that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection and destruction of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely in part, on my statements to you in making your decision whether to hire me.
3. I understand and agree that USA STAFFING, INC., any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.
4. I understand and agree with the fact that USA STAFFING, INC. maintains a drug-free workplace, that maintenance of same is essential to the safety of the workplace and employees, and that I may be required to undergo a pre-employment or post-employment examination, consistent with applicable law, including, but not limited to, drug and/or alcohol screening and testing, genetic screening, or paper and pencil tests, designed to ascertain my suitability for employment and/or the jobs for which I am being considered. I also understand and agree that I will be subject to such testing during the course of my employment, and I specifically agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that, subject to applicable law, USA STAFFING, INC. shall be the sole judge of the acceptability of any test results. I also acknowledge that I have been advised that USA STAFFING, INC. is an Equal Opportunity Employer, that USA STAFFING, INC. does not discriminate against persons who are physically or mentally handicapped, and that USA STAFFING, INC. administers its employment policies in a non-discriminatory manner.
5. I agree to look solely to the Compensation Insurance coverage provided by USA STAFFING, INC. and or Subscriber and its Successors in the event of an injury to me during the course and scope of my employment. I will not seek any compensation benefits from any customer of USA STAFFING, INC... I agree that any recovery which I might receive as the result of an injury received during the course and scope of my employment will be limited to the extent of USA STAFFING, INC. insurance coverage at the time of my injury. I agree to abide by the terms and conditions of all rules and regulations including USA STAFFING, INC.'s vehicle driving and seat belt policies and including without limitation, the requirement that any accident, or any injury, no matter how minor, be immediately reported to supervision.
6. I authorize USA STAFFING, INC. to request and obtain all records regarding any industrial accident / injury or occupational disease involving myself and SUBSCRIBER. This is to include doctor's reports, follow-up reports, nurse's notes, medical bills, test results, etc. A facsimile or photocopy of this authorization shall be considered as effective and valid as the original. This release shall remain in effect until specifically rescinded by me.
7. I, the undersigned, do hereby authorize USA STAFFING, INC. to examine any and all criminal records and arrests on file in the counties in the State of Texas or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.
8. I hereby authorize and give full permission to have USA STAFFING, INC. and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for screening test using S.A.M.H.S.A. standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription. I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of report of the test. This includes, but not limited to, possible clerical or laboratory error. This policy and authorization has been explained to me in a language I understand and I was told if I have any questions about the test they will be answered. I understand this is a legal binding document which is binding because USA STAFFING, INC. is sending me for the examinations and paying for it.
9. I understand and agree that, if hired, my employment will be at will, and that I or USA STAFFING, INC. can terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us. In the event of my separation, I agree to have the balance of all outstanding deductions to be withheld from my final paycheck. If my final paycheck is not sufficient to cover the balance due, I will pay the remaining amounts within thirty days of my last check date or other terms mutually agreed upon between me and USA STAFFING, INC. I also understand that, if I am hired, USA STAFFING, INC. has an "introductory period" during which I am expected to determine as quickly as possible whether I wish to continue working for USA STAFFING, INC., just as USA STAFFING, INC. will determine as quickly as possible whether it wants me to continue working for USA STAFFING, INC.. Nothing about this introductory period or its completion changes the fact that, if hired, my employment will be at will. I also understand that no one at USA STAFFING, INC., or any USA STAFFING, INC. client, has authority to alter any of the terms and conditions of this application or USA STAFFING, INC.'s employment policies, except USA STAFFING, INC.'s Chairman of the Board, and then only in writing signed by the Chairman of the Board. This statement excludes the Employment-At-Will Policy and the Dispute Resolution Policy. This paragraph means exactly what it says.
10. I specifically authorize USA STAFFING, INC. to investigate my background, including any and all references, available criminal, driving and other judicial records, and my credit record (where applicable to the position for which I am applying, and consistent with applicable law). I understand that USA STAFFING, INC. will notify me if and when a credit record investigation will be performed, and the sources used to obtain such information. I authorize USA STAFFING, INC. to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for USA STAFFING, INC.'s consideration of me for employment, and I specifically release and hold USA STAFFING, INC. harmless for any and all liabilities arising out of their investigation of my application for employment. I understand that USA STAFFING, INC. will require a drug screen test whenever an on-the-job accident or injury is reported in accordance with USA STAFFING, INC. policy, and this authorization and consent. My refusal to submit to drug testing will be grounds for termination of my employment, or withdrawal of offer of employment...
11. I understand and agree that work schedules and requirements vary and can be unpredictable, and that, while USA STAFFING, INC. will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of employment.
12. I understand if I am not hired within 30 days from the date of this application, I must complete a new application and employment packet. Also, if I terminate employment for longer than 30 days, I must complete a new Employment Packet. I have read and understand everything on this application.
13. The Employee Handbook is provided to me for information and immediate reference. Not only will I be issued my own personal handbook, there will be a copy at my worksite employer's location, and accessible on the web (usastaffing.net). I will read the handbook carefully and completely. Policies included except for the Employment-At-Will Policy and the Dispute Resolution Agreement are subject to unilateral change by the Company from time to time. I acknowledge receipt of the Employee Handbook by signing below. I hereby acknowledge that I have been advised that USA STAFFING, INC. is a Professional Employer Organization. I further acknowledge that USA STAFFING, INC. has entered into a staffing arrangement with my worksite employer. I also certify that I have had, or will have, an opportunity to read and become familiar with the terms of the Employee Handbook before beginning work for USA STAFFING, INC. and my worksite employer. I agree to abide by the terms and conditions of both USA STAFFING, INC. and my worksite employer, as pertain to policies as summarized in the handbook. I understand and agree that USA STAFFING, INC. and my worksite employer reserve the right to change the terms and conditions of policies except for the Employment-At-Will Policy and the Dispute Resolution Agreement and my employment without notice to me, and that in all cases, the prevailing version of an employment policy shall govern if in conflict with the employee handbook.
14. I agree that a facsimile copy of my signature is acceptable as original documentation for the facilitation of employee maintenance by USA Staffing, Inc., Inc. including but not limited to this application, Employee Data Sheet and the W-4 form.

**Release/Acceptance/Authorization:** \*See Payroll Deduction Authorization in Item 9 above. This Company settles disputes by mediation and final, binding arbitration. See the Dispute Resolution Policy in your Employee Handbook. **Upon separation from your worksite employer, you must call our Human Resources Department (888-595-8968) within 24 hours. Failure to do so may result in denial of unemployment benefits to which you may otherwise be entitled.**

_____	_____	_____
<b>APPLICANT NAME (PRINT)</b>	<b>APPLICANT SIGNATURE</b>	<b>DATE</b>