

APPL DATE: _____ **EMPLOYEE RECORD** **APPL#:** _____

Personal Information		BKGD#:	BKGD STATUS:
NAME (Last)	(First)	(M)	Social Security #
Street Address		City	St Zip
Telephone #	Alt Phone #	Email address	
Person to notify in case of emergency?		Relationship?	Telephone #

Education (Last School Attended)		
High School:	Degree:	Grad Date:
College:	Degree:	Grad Date:

Do you have your own vehicle?	If not, How do you plan to get to work?
Will you work temporary assignments?	Are you able to accept: same day assignments? ASAP Assignments?
Have you ever worked for a temporary service before?	If so, what companies did they send you to?
Have you ever been convicted of a felony?	
What type of employment are you seeking?	

Work History and Qualifications						
Dates		Name of Previous Employer	City, State	Supervisor	Telephone #	Type of Work
From	To					
Reason for Leaving?						
Reason for Leaving?						
Reason for Leaving?						
Reason for Leaving?						

Please rate your Skill Level (rate only those skills with actual work experience): 1 = Excellent 2 = Good 3 = Average 4 = Fair					
Accounting	Dental / Medical	Legal	Office Support	Software	Tests
Bank Recon: _____	Billing/Ins: _____	Paralegal: _____	Administrative Asst. _____	Autocad: _____	D/E _____
Bank Teller: _____	Dental Asst.: _____	Legal Asst: _____	Data Entry: _____	MS Access: _____	Typing _____
Billing: _____	Hygienist: _____	Secretary: _____	Email: _____	MS Excel: _____	Outlook _____
Collections: _____	Orthodontics: _____	Law Student: _____	Filing: Alpha _____	MS Office: _____	Excel _____
Credit: _____	Medical Asst: _____	Computer	Filing: Numeric _____	MS Powerpoint: _____	Word _____
F/C Bkkpr: _____	Certified: <input type="checkbox"/>	AS400: _____	Internet: _____	MS Publisher: _____	
Gen. Ledger: _____	Records/Coding: _____	Language: _____	Receptionist: _____	MS Word: _____	
Payables: _____	Med <input type="checkbox"/> Den <input type="checkbox"/>	Networking: _____	Secretarial: _____	MS Works: _____	
Payroll: _____	Phlebotomist: _____	Programmer: _____	Multiline Phones: _____	PeachTree: _____	
Receivables: _____	Lab Tech: _____	Systems Analy: _____	Typing: _____	Quickbooks: _____	

Professional / Specialized Fields					
Advertising _____	Health & Fitness _____	Manufacturing _____	Purchasing _____	Inside Sales _____	
Communications _____	Human Resources _____	Marketing _____	Quality Control _____	Outside sales _____	
Drafting _____	Insurance _____	Mortgage _____	Real Estate _____	Tier One Super. _____	
Engineering _____	Loan Originator _____	Dentist/Physician _____	Restaurant Mgr _____	TV /Radio _____	
Financial _____	Management _____	Public Relations _____	Safety Coordinator _____		

FOR OFFICE USE ONLY	
Min Pay: _____	In Alabama more than 10 yrs? _____ If no, previous places of residence? _____
Areas willing to work: _____	Work Restrictions? _____
Notes:	

Name: _____ Date: _____ App #: _____



Applicant Name: _____

Please Print

SS#(last 4): _____

I, the undersigned do hereby state that I have read and agree with the following "Conditions of Hire" to be considered for temporary employment with AllTemp Systems, Inc. d/b/a Darrell Walker Personnel WorkForce Systems, hereinafter referred to as DWPWFS.

1. I understand and agree that a DWPWFS representative will verify all provided references including previous employment and personal. I hereby authorize each former employer, person, firm, or corporation given as a reference to answer all questions that may be asked in connection with this application or concerning my work habits, character, skills and experience. I fully release any person or entity releasing such information from any liability of any claim that I may have. Applicant _____ DWP Rep _____.
2. I agree and understand that a criminal background search will be conducted and agree to hold harmless DWPWFS, its officers, directors, employees, and representatives from any claims, liabilities, damages, or expenses which may arise in regard to conducting such search or obtaining and utilizing such information pursuant hereto. I give permission for this information to be used in consideration for continued/future employment. I do hereby authorize DWPWFS to contact any agent having custody of such information as well as authorize any agent to release such information to DWPWFS. I do hereby authorize DWPWFS to release and/or discuss any such information with a perspective hiring client in an effort to secure employment on my behalf. I hereby agree to hold harmless and covenant not to sue DWPWFS, its officers, directors, employees, agents, or representatives for any claim of liabilities, damages, or expenses which may arise in regard to conducting such investigation or obtaining/utilizing such information. Applicant _____ DWP Rep _____.
3. I understand that DWPWFS operates under an Alabama Drug Free Workplace policy and that adherence with this policy is a condition of employment with DWPWFS. I understand that I will be subject to pre-employment, post work-related accident/injury, as well as random drug screenings. I understand that the cost of the drug screen, provided it is a negative result, will be deducted from my payroll check. I understand that the cost of any Non-negative drug screen will be my sole responsibility due at the time such drug screen is administered. I understand that a non-negative drug screen will result in disciplinary action including immediate termination of employment. I understand that it is my right to dispute the findings of a drug screen and that if I wish to dispute such findings, I may request that I be retested at an authorized clinic or testing facility at my own expense. I agree that the employer, collection site, physician, or clinic may collect these specimen for screening or testing and may screen them or forward them to a testing laboratory designated by the company for analysis. I authorize the release of the results of said tests to DWPWFS agents and agree to hold harmless DWPWFS, its agents, individually and collectively, including each business or entity involved in the collection, screening, testing, and reporting of said tests, for any decision, adverse or otherwise made concerning my application for employment based on screening results. Applicant _____ DWP Rep _____.
4. I understand that DWPWFS provides Workers' Compensation coverage for all of its temporary employees working and being paid by DWPWFS. I understand that if I sustain an injury while in the line and scope of the job assignment, it is my sole responsibility, as a DWPWFS employee, to report such incident/injury to the on-site supervisor and to DWPWFS immediately. I understand that medical treatment will be provided by an authorized treating physician or facility. I understand that unauthorized medical treatment may not be covered by Workers' Compensation. As per Section 25-5-51, et seq, of the Code of Alabama(1975), workers who are injured at the workplace or in the course of employment will be tested for drugs and alcohol, and if positive, may not be paid benefits under the Alabama Workers' Compensation Law if the injury is a result of an accident caused by drug and/or alcohol impairment. I understand that a positive post accident drug screen for any illegal substance and/or alcohol will automatically forfeit my compensatory (lost time) benefits. However, workers' compensation for medical expenses will be determined and assigned by your claims administrator. Applicant _____ DWP Rep _____.
5. I understand that DWPWFS is a temporary staffing agency and that the length of an assignment can not be guaranteed, nor is any assignment guaranteed to develop into permanent, full time employment. Applicant _____ DWP Rep _____.
6. I understand that the terms of my employment with DWPWFS is limited to the duration of any temporary assignment and / or referrals that I accept. Applicant _____ DWP Rep _____.
7. I understand that it is my sole responsibility to call DWPWFS every morning that I am available for a work assignment, otherwise I will be considered unavailable. Applicant _____ DWP Rep _____.
8. I understand that if I am unable to report to an accepted work assignment, on time, in the proper attire, and ready to work, I must notify a DWPWFS representative at least 1 hour prior to the scheduled start time. ALL CALLS ARE ANSWERED 24 HOURS / 7 DAYS PER WEEK. Applicant _____ DWP Rep _____.
9. I understand that DWPWFS enforces a "Walk Off" policy which stipulates that should I leave an accepted assignment without completing the shift, my pay rate will be reduced to the federal minimum wage per hour rate. Applicant _____ DWP Rep _____.
10. I agree and understand that should I secure employment with a DWPWFS customer to which I was assigned or referred, I am responsible for an employment referral fee equal to one month's salary unless terms or arrangements have been made with the customer.

Applicant Signature & Date

Witness Signature & Date