

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: _____ **Diploma / GED** _____ **Grad Date:** _____

College: _____ **Degree:** _____ **Grad Date:** _____

Medical School _____ **Doctorate** _____ **Grad Date:** _____

Do you have all necessary licenses / certifications for your field? **Y** **N** **License Number(s)?** _____

Do you have your own vehicle? _____ **If not, How do you plan to get to work?** _____

Will you work temporary / PRN assignments? _____ **Are you able to accept:** **Same day assignments?** _____ **ASAP Assignments?** _____

Have you ever worked for a staffing agency before? _____ **If so, what companies did they send you to?** _____

Have you ever been convicted of a crime? If so, please explain. _____

Work History and Qualifications

Dates		Name of Previous Employer	City, State	Supervisor	Telephone #	Position
From	To					
Reason for Leaving?						Pay rate?
Reason for Leaving?						Pay rate?
Reason for Leaving?						Pay rate?

Position Seeking?		Please rate your Knowledge / Level (rate on actual work experience): 1 = Excellent 2 = Good 3 = Average					
Physician	Caretaker	Medical Procedures	Pediatrics	Office Skills		Point of Care Testing	
PA	Transcriptionist	Vitals	Vitals	Front Desk	MS Access		
Dentist	Phlebotomist	Pt Assessment	CPR	Receptionist	MS Excel	CL I	
Dental Asst	PT	X-rays	Suction	Checkout	MS Power Point	B C L S	
Hygienist	OT	Injections	Vaccines	Coding	MS Publisher	A C L S	
RN	ST	CPR	PKU	Med Den	MS Word	T L S	
LPN	RT	Nebulizer	Injections	Insurance	MS Works	Protime	
MA	BT	Ear Irrigation	Geriatrics	File Clerk	Peachtree	A1C/Glucose	
Certified	Lab Tech	I Vs	Tube Feeding	Data Entry	Quickbooks	Non-Medical Labor	
NA/Tech	Pharmacy Tech	Port	Foley	Internet/Email	Pediatric Office	Housekeeping	
Office Manager	Surgical Tech	EKG	Hydraulic Lift	Notetaker	Geriatric Office	Dishwasher	
Practice Mgr	EMT	Sonogram	Dressing	What Languages do you speak?		Prep. Cook	
Hm Resources	Transport Tech	Echos	Bathing			Dietary Aide	
Scheduler	Optical Tech	Ultrasound	Meal Asst	Sign Language	Color Blind	Perception?	
Dietician	X-ray Tech	EMR		Y N	Y N	Y N	
CNA	Rad Tech	EMR Software:					

FOR OFFICE USE ONLY

Min Pay: _____ **In AL > than 10 yrs?** _____ **If no, previous places of residence?** _____

Areas willing to work: _____ **Push Wheelchair?** _____

Physical Work Restrictions? _____

Notes:

Name: _____ Date: _____



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 employment with AllTemps Systems, Inc. d/b/a Darrell Walker WorkForce Systems, Medical Division, hereinafter referred to as DWMD.

1. I understand and agree that a DWMD 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 _____ DWMD Rep _____.

2. I agree and understand that a criminal background search will be conducted and agree to hold harmless DWMD, 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 DWMD to contact any agent having custody of such information as well as authorize any agent to release such information to DWMD. I do hereby authorize DWMD to release and/or discuss any such information with a prospective hiring client in an effort to secure employment on my behalf. I hereby agree to hold harmless and covenant not to sue DWMD, it's 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 _____ DWMD Rep _____.

3. I understand that DWMD operates under an Alabama Drug Free Workplace policy and that adherence to this policy is a condition of employment with DWMD. 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 DWMD agents and agree to hold harmless DWMD, 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 _____ DWMD Rep _____.

4. I understand that DWMD provides Workers' Compensation coverage for all of its temporary / PRN employees working and being paid by DWMD. 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 DWMD employee, to report such incident/injury to the on-site supervisor and to DWMD 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 _____ DWMD Rep _____.

5. I understand that DWMD is a temporary staffing and PRN placement 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 _____ DWMD Rep _____.

6. I understand that the terms of my employment with DWMD is limited to the duration of any temporary assignment and / or referrals that I accept.
Applicant _____ DWMD Rep _____.

7. I understand that it is my sole responsibility to call DWMD every morning that I am available for a work assignment, otherwise I will be considered unavailable.
Applicant _____ DWMD 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 DWMD representative at least 1 hour prior to the scheduled start time. ALL CALLS ARE ANSWERED 24 HOURS / 7 DAYS A WEEK. Applicant _____ DWMD Rep _____.

9. I understand that DWMD 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 _____ DWMD Rep _____.

10. I agree and understand that should I secure employment with a DWMD client 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 client. Applicant _____ DWMD Rep _____.

11. I understand that if I gain employment with one of DWMD's client customers through a direct hire for which the client company pays a fee and I voluntarily leave their employ within the first three months of my employment, I will be responsible for repayment of the fee to DWMD. Applicant _____ DWMD Rep _____.

Applicant Signature & Date

Witness Signature & Date