

ASO - EMPLOYMENT APPLICATION PACKET

This packet contains information that is essential in processing your payroll checks. Please carefully read & complete the information requested below

Large Employer (50+ employees / incl. Temps) Less than 50 Employees

EMPLOYER:

EQUAL EMPLOYMENT EMPLOYER: We are an Equal Employment Opportunity Employer and provide equal opportunity to all applicants & employees, without regard to their race, color, creed, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sex or sexual orientation, gender, identity, veteran status, membership in the military service of national guard of the United States or any other basis as protected by federal, state and/or local laws including the exercise of statutory rights such as those available under workers' compensation laws. We observe this policy in all aspects of our relationships with our Employees, including hiring, recruitment, promotion, compensation, transfers, training, disciplinary action, work conditions, benefits and layoffs or termination of employment. Welcome Aboard!

Last Name (Please Print) _____			First _____	Middle _____	Home Phone _____	Worksite Employer _____		Dept. / Location _____
Street Address _____			Apt # _____		Cell Phone _____	Position Title _____		W/C Code _____
City _____		State _____	Zip _____		Emergency Phone _____	Payrate _____	<input type="checkbox"/> Salaried / Exempt <input type="checkbox"/> Full Time <input type="checkbox"/> Variable Hour Employee <input type="checkbox"/> Hourly / Non- Exempt <input type="checkbox"/> Seasonal <input type="checkbox"/> Short-Term	
High School _____					Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		<input type="checkbox"/> Newly Created Position <input type="checkbox"/> Employee Terminated - Replaced <input type="checkbox"/> Re-Hire <input type="checkbox"/> Employee Resigned - Replaced	
College / University _____					From _____	To _____	Original Start Date w/ Company _____	
					Mo / Yr	Mo / Yr	Rehire Date _____	

Special Licenses, Courses, Training, Certifications, Safety Workshops, etc.				User / Employee I.D. _____	Entered By: _____	PIN No. _____	
DATES		CURRENT EMPLOYER & ADDRESS		JOB POSITIONS HELD		PAY RATE	REASON FOR JOB CHANGE
FROM	Mo / Yr	Company Name		Job Title	Co. Phone Number	Start	
TO	Mo / Yr	Address _____ Zip _____		Supervisor	Title	Ending	

Major Duties and Achievements:

DATES		PREVIOUS EMPLOYER & ADDRESS		JOB POSITIONS HELD		W-2 EARNINGS	REASON FOR JOB CHANGE
FROM	Mo / Yr	Company Name		Job Title	Co Phone	Start	
TO	Mo / Yr	Address _____ Zip _____		Supervisor	Title	Ending	

Major Duties and Achievements:

EMPLOYEE PHYSICAL REQUIREMENTS, ERGONOMICS (Please select the appropriate response)

MAXIMUM LIFTING CAPABILITIES			IN AN 8 HOUR SHIFT, I CAN..... (NUMBER OF HOURS)			CAN YOU USE HANDS / WRIST REPETITIVELY ALL DAY?		
<input type="checkbox"/> 10 Lbs	<input type="checkbox"/> 30- 40 Lbs	<input type="checkbox"/> 50-75 Lbs	Sit _____	Stoop / Bend _____		Keyboard	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Hours? _____
<input type="checkbox"/> 20 Lbs	<input type="checkbox"/> 40-50 Lbs	<input type="checkbox"/> 75+ Lbs	Stand _____	Kneel / Squat _____		Grasping	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Hours? _____
<input type="checkbox"/> No Lifting	<input type="checkbox"/> Occasionally		Walk _____	Climb _____		Twisting	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Hours? _____
<input type="checkbox"/> Frequently	<input type="checkbox"/> All Day Long		Drive _____	Reach Overhead _____		Pushing	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Hours? _____
COMMENTS:			Do You Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes			Pulling	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Hours? _____

AVAILABILITY, TRAVEL & TRANSPORTATION				DAILY AVAILABILITY - PLEASE <input checked="" type="checkbox"/> ALL DAYS & SHIFTS YOU ARE WILLING TO WORK			
<input type="checkbox"/> Yes <input type="checkbox"/> No Do You Have Dependable Transportation? <input type="checkbox"/> Always Available <input type="checkbox"/> Shared <input type="checkbox"/> Auto <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Taxi <input type="checkbox"/> Bicycle <input type="checkbox"/> NONE <input type="checkbox"/> Other _____ How far are you willing to drive from home to work? (One Way) _____ Miles <input type="checkbox"/> Yes <input type="checkbox"/> No Is Your Driver's License Currently Active? <input type="checkbox"/> REGULAR <input type="checkbox"/> CDL (Commercial) State: _____ Number _____ Expiration Date _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Has your Driver's License ever been suspended or revoked? When? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Automobile Insurance Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No Forklift Certified? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you willing to drive a vehicle as part of your job?				<input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> First (1 ST) Shift <input type="checkbox"/> Eight (8) Hour Shift <input type="checkbox"/> Days Only <input type="checkbox"/> Second (2 ND) Shift <input type="checkbox"/> Twelve (12) Hour Shift <input type="checkbox"/> Nights Only <input type="checkbox"/> Third (3 RD) Shift <input type="checkbox"/> Full - Time <input type="checkbox"/> Part - Time <input type="checkbox"/> Any / All Shifts Willing to Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally If yes, how many hours per week are you willing to work overtime? _____ per week COMMENTS:			

Social Security Number	E-Mail Address	<input type="checkbox"/> Yes <input type="checkbox"/> No Are You willing to take a drug and alcohol test?
Paycheck Preference	I would like my paycheck to be in the form of: (Please Initial First Choice) _____ DIRECT DEPOSIT _____ STANDARD CHECK _____ DEBIT PAY CARD	
RELATIVE or CLOSE FRIEND THAT ALWAYS KNOWS HOW TO CONTACT YOU (For W-2s, Returned Checks, etc)	Name: _____ Call Phone: _____	Relationship: _____ Other Phone: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN CONVICTED, (OR PLEAD GUILTY OR NO CONTEST) TO/OF A FELONY OFFENSE?		
<small>For purposes of employment with our Company, convictions include: Sentenced to confinement, paid fines, time served, placed on probation (including deferred adjudication), and court ordered restitution. Note: A conviction does NOT automatically mean that you will Not be offered employment and/or continued employment opportunities. Each situation will be reviewed on a case-by-case basis. The type & seriousness of the crime, the frequency of violations, the circumstances surrounding the conviction, time that has passed since a conviction & the nature and duties of the job sought are all important factors. Our Company utilizes this information in conformity with all laws, and may request additional information regarding any conviction only when our inquiry is job related and consistent with business necessity.</small>		
Applicable Dates _____		
Have you ever worked for our Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____		Do you have any relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____
Foreign Languages	English: <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak Other: _____ Spanish: <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak	If hired, can you provide proof of Identity and Eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

INVESTIGATIVE CONSUMER REPORT & CONSUMER REPORT

AUTHORIZATION AND DISCLOSURE

CONSUMER NOTICE REGARDING BACKGROUND INVESTIGATION

Our company, your worksite employer ("worksite employer"), may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of an "investigative consumer report" and/or "consumer report", which may include information about your character, general reputation, personal characteristics, or mode of living, and which involve personal interviews with sources such as your neighbors, friends, associates or from public record sources. These reports may contain information regarding credit history, credit worthiness and capacity, social security & identity verification, motor vehicle records, verification of your education or employment history or other background checks such as criminal history (when a criminal history inquiry is job related and consistent with business necessity).

Our Company does not maintain a "blanket" policy against job applicants with a criminal background; and, a conviction does not automatically mean that you will not be offered employment, and/or continued employment opportunities. The type and seriousness of the crime, the overall facts or circumstances for which the applicant for employment or employee was convicted, the number of offenses for which the applicant or employee was convicted, the applicant's or employee's age at the time of conviction or release from an institution, any evidence that the applicant or employee performed the same type of work after conviction with no incidents, and duties of the position which the employee holds or for which the applicant is applying, the length and consistency of an employment history before and after an offense, rehabilitation efforts, employment or character references and the applicant's or employee's bonding program (if applicable), are all important factors to be considered when evaluating criminal history information and making a case-by-case assessment on whether the job candidate or current employee is fit or unfit for a position. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

This notice is to inform you that a Consumer Report or Investigative Report, at our (employer's) option, may be obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. Our Company utilizes this information in conformity with all laws.

CONSUMER ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of this NOTICE REGARDING BACKGROUND INVESTIGATION (above) and certify that I have read and understand this document. I hereby authorize and request any present or former employer, school, law enforcement agencies, financial institution or other persons having personal knowledge about me to furnish the bearer with any information in their possession regarding me in connection with an application for employment and throughout my employment, if applicable. I am willing that a photocopy of this authorization be accepted with the same authority as the original (and throughout my employment, if applicable), and specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be a part of the written application, which I sign.

I fully release you, dmDickason, my prospective or current employer, my former employer(s), any/all selected background investigation agent(s), their respective employees and agents, and all persons, agencies and entities providing information or reports about me, from any and all claims, demands or liabilities arising out of, or in any way related to the disclosure, collection or dissemination, negligently or otherwise, of any such information or reports. I have read this release and understand its contents.

SIGNATURE OF APPLICANT or EMPLOYEE: _____ DATE: _____

Preparer and/or Translator Certification: *(To be completed & signed by the Human Resource On-boarding Professional, if necessary). I attest that I have assisted in the completion / explanation and/or translation (when necessary) of this employment application, including a thorough explanation of (1) The Consumer Investigation and Authorization Disclosure (above), (2) The Employment Agreement and Acknowledgement, (3) Employee Handbook Acknowledgement, and (4) Employer's Dispute Resolution and Arbitration Policy Agreement, and, that to the best of my knowledge the information is true and correct, and the applicant for employment or employee has an understanding of the purpose and contents of each section of this application for employment (or continued employment). I further attest that copies of all pages of this employment application (and accompanying documents), have been made available to the Employee by logging into a secured employee web site using his/her unique password. Employees are encouraged to address any questions to the HR Department of dmDickason at (915) 532-9400 or to their Worksite Supervisor.*

Preparer's / Translator's / HR's Signature: _____ Print Name: _____