



EMPLOYMENT APPLICATION – PART 1

THIS SECTION MUST BE FILLED OUT COMPLETELY

Have you ever been convicted of a crime inclusive of all Misdemeanors / Felonies? Yes No (Falsification will result in your immediate termination)
If yes, give date, location and explain offense. (A yes WILL NOT automatically disqualify applicant from employment, all circumstances will be considered.) **You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased.**

2. Are there any criminal charges currently pending against you? Yes No (If yes give date of pending disposition and explain charge(s)) (A yes WILL NOT automatically disqualify applicant from employment, all circumstances will be considered.)

3. Have you ever been dismissed from employment or resigned to avoid being dismissed? Yes No (If yes please explain)

PROFESSIONAL REFERENCES:

Please give the name of three (3) individuals who are unrelated to you who can provide a reference as to your qualifications for this job and/or your personal characteristics that may be relevant to this job (i.e. integrity, reliability, honesty, etc...)

NAME	ADDRESS	OCCUPATION or TITLE	PHONE NUMBER

APPLICATION FOR EMPLOYMENT DISCLAIMER: (Please read carefully before signing.)

I certify that the information provided by me in this application is true and may be verified by MONROE STAFFING SERVICES LLC. I understand that this is simply an application for employment and does not imply I will be an employee. Should any statements made by me to MONROE STAFFING SERVICES LLC, either in my application or after employed (if employed), be found to be false or misleading in any way, then MONROE STAFFING SERVICES LLC shall have just and sufficient cause for refusal to hire or, if hired, termination.

In order to verify the information I have presented on this application, I authorize any former employer, school, persons and other organizations referenced in this application to provide MONROE STAFFING SERVICES LLC with any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I hereby release all such parties from all liability from any damages which may result for furnishing such information.

I also understand that certain clients may require me to pass drug and/or alcohol or criminal background screening tests which I hereby authorize and for which I authorize with this document or a copy thereof the recipient to release any and all medical or business records related there to. If employed, I agree to conform to all rules and policies as set forth by MONROE STAFFING SERVICES LLC.

You should be aware that all employment with Monroe Staffing (The Company) is on an "at-will" basis. This means that you, Monroe Staffing, or its Clients are free to terminate the employment relationship at anytime, either with or without cause. Understand that this notice of start date is not intended to create a contract of employment for a specific period of time between you and The Company or any of its Clients. This also includes any representations concerning projected durations of temporary assignments. It is important to understand that Monroe Staffing is a temporary employment agency, which means that your employment with the company would be temporary. Consequently, if hired, once you complete an assignment with one of our Clients, your employment with The Company comes to an end. No one with Monroe Staffing other than the Owner of The Company has the authority to enter into a contract of employment on behalf of The Company. Furthermore, any such contract must be in writing and signed by the employee and the Owner of The Company.

- I certify that I am at least 18 years old.
- I acknowledge that I have read all of the above and that I understand them in the language printed.

APPLICANT'S SIGNATURE

DATE



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SUBSTANCE ABUSE POLICY:

It is the purpose of The Company to help provide an illegal drug and alcohol free environment for our clients and our employees. With this goal and because of the serious drug/alcohol problems in today's workplace, we are establishing the following policy for existing and future employees of The Company.

THE COMPANY EXPLICITLY PROHIBITS:

The use, possession, solicitation for or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on company or customer premises or while performing an assignment. Being impaired, under the influence of, or in possession of legal or illegal drugs or alcohol on company or customers premises. The results of all drug or alcohol testing will be treated confidentially, and for no purpose other than for The Company to make safety decisions.

ALCOHOL / DRUG CONSENT AND RELEASE

NAME: _____ DOB _____ \ _____ \ _____ SS# _____ - _____ - _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME TEL#: _____ DAY PHONE: _____

COMPANY NAME: MONROE STAFFING SERVICES LLC

CONTACT PERSON: MARTIN L. SCHERTZER - Phone: (203) 268-8624 Fax:(203) 268-3169

I understand that this analysis will be conducted in accordance with applicable law. The purpose of this analysis is to determine or rule out the presence of alcohol or non-prescribed or illegal controlled substances in my urine. I further understand that my employment may be terminated immediately if a drug/alcohol test reveals the presence of illegal drug(s), alcohol or a non-prescription controlled substance in my body. I may be eligible for rehire if I am retested 120 days after my termination and the test results are negative.

I hereby give permission for MONROE STAFFING SERVICES LLC to commission a urine drug test for the purpose of obtaining or maintaining employment in accordance with Connecticut General Statutes Section 31-51u. I further understand that my application or continued employment with this company may be affected should a positive urinalysis test result occur and said result may be used as a basis to disqualify me from employment or continued employment with this company. I understand that an independent certified laboratory, will conduct this drug testing and that all positive drug tests will be tested by two scientific methods according to Connecticut General Statutes.

I hereby release and hold harmless The Company, its officers, directors, employees, agents, clients, and contractors from any claims, damages, causes of action, suits or liability whatsoever arising from any action taken pursuant to the alcohol/drug testing policy.

I understand that according to The Company Substance Abuse Policy for Employees, I may be required to submit a sample of my urine for chemical analysis in the following circumstances:

Pre-Employment , Suspected Influence or Accidents: The Company may test all employees involved in any accident occurring on company or client premises for illegal drug or alcohol as permitted by State or Federal Law.

I have read the forgoing and understand it in the language written. I am signing this Consent Form of my own free will without coercion or duress.

SIGNATURE: _____

DATE: _____



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CRIMINAL BACKGROUND CONSENT AND RELEASE FORM

I understand that an investigative background inquiry is to be made on myself including, but not limited to, consumer credit history, criminal history, driving history, education and other reports. These reports may include information as to my character, work habits, job performance, and experience, along with reasons for termination of past employment. I further understand that information may be requested from various Federal, State, and other agencies, which may maintain records concerning my past activities relating to my driving, credit performance, criminal conduct, civil court, and other experiences.

I authorize, without reservation, any party or agency contacted to furnish the above information.

HAVE YOU EVER BEEN CONVICTED OF A CRIME inclusive of all Misdemeanors / Felonies?

YES ___ NO ___

(If "YES", in what State? _____ Year(s) _____)

PRINT NAME: _____

List ALL other names ever used: _____

Soc. Sec. # _____ Date of Birth _____

Driver's License #: _____ State Issued: _____ Expires _____

CURRENT Address: _____

City _____ State _____ Zip _____ How long at address? _____

PREVIOUS Address: _____

City _____ State _____ Zip _____ How long at address? _____

Last School/College Attended _____ State _____ Last Year Attended _____ Graduated? ___

If you graduated, indicate ___ Certificate ___ GED ___ Diploma ___ Degree (Level/Major _____)

I hereby freely and without reservation consent to your obtaining any or all of the above information. And, I further understand that, to aid in the proper identification of my file or records, I am, providing the following information, as well as any other information that may be required at a later date.

Applicant's Signature: _____ Date: _____

***** PLEASE FILL OUT THIS FORM COMPLETELY *****

FOR EMPLOYER USE ONLY

Requested by _____ BRANCH _____

CHECK ALL THAT APPLY

Connecticut Criminal Report _____ Driver History _____ Social Security _____

Sex Offender Registry _____

National Check _____ (ONLY IF CT PASSES ABOVE)



EMPLOYMENT APPLICATION – PART 1

Informational Past Employer Form

Please fill out the following:

Name _____ Date _____

I have worked as a temporary employee Yes ____ No ____

Company _____ Location _____

Job Title _____ Pay Rate _____

Supervisor _____ Date worked _____

Other temps working onsite? Yes ____ No ____ 1-5 ____ 5-10 ____ 10-20 ____ 20+ ____

Was this in your opinion a safe work site _____ Did you enjoy working there _____

Company _____ Location _____

Job Title _____ Pay Rate _____

Supervisor _____ Date worked _____

Other temps working onsite? Yes ____ No ____ 1-5 ____ 5-10 ____ 10-20 ____ 20+ ____

Was this in your opinion a safe work site _____ Did you enjoy working there _____

Company _____ Location _____

Job Title _____ Pay Rate _____

Supervisor _____ Date worked _____

Other temps working onsite? Yes ____ No ____ 1-5 ____ 5-10 ____ 10-20 ____ 20+ ____

Was this in your opinion a safe work site _____ Did you enjoy working there _____