

**AUTHORIZATION REQUIRED**

Class Code: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Mgr. Initials: \_\_\_\_\_



(AN EQUAL OPPORTUNITY EMPLOYER)

**FOR HR&P USE ONLY**

Client: \_\_\_\_\_

ID #: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT****THE FAILURE TO COMPLETELY ANSWER EACH QUESTION WILL PREVENT FURTHER PROCESSING OF THIS APPLICATION**

First Name and Middle Initial	Last Name	Social Security Number
Home Address (Do not use a P.O. Box)		Telephone Number
City or Town, State and Zip Code		Alternate Number or E-Mail Address

**IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**MILITARY SERVICE RECORD:**

Branch of Service: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Discharge Rank: \_\_\_\_\_

**EDUCATION**Do you possess a High School Diploma or G.E.D Certificate  Yes  No *CURRENTLY ENROLLED*  School Name: \_\_\_\_\_

College, University, Vocational, Technical Schools Attended	City / State	Date Attended		Course of Study / Major	Degree or Certificate	Unit Completed	
		From	To			Semester	Quarter

**DESIRED EMPLOYMENT**

Position	Date You Can Start	Minimum Salary Expected
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to HR&P Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Ever Worker for HR&P Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Reason for Leaving HR&P:		
How Did You Hear About HR&P?		

Have you ever been convicted of a Felony?

 Yes  No If yes, Explain:

Have you ever been convicted of a Misdemeanor?

 Yes  No If yes, Explain:

Have you ever been given a Deferred Adjudication sentence that has not been successfully completed?

 Yes  No If yes, Explain:

A "yes" answer to any of the three questions above will not necessarily exclude you from consideration.

Under the Federal Statutes, an employer has the right to make reasonable pre-employment inquiries into your ability to perform job-related functions. Many of the job assignments for our employees require strenuous physical labor for sustained periods of time. The information you give below is for the limited purpose for our managers to determine your ability to perform these related functions and to determine reasonable job assignments for you. It will in no way exclude you from any job which you are able to perform.

Based upon the position you desire, is there any reason that you are not able to perform the duties required, with or without accommodation?

 Yes  No If yes, Explain:

**PERSONAL REFERENCES**

Name	Address	Phone Number	# Years Known

**FORMER EMPLOYERS**

(List below your last three (3) employers, starting with the most recent)

Name of Present or Last Employer		Telephone Number	
Address	City	State	Zip Code
Starting Date	Ending Date	Job Title	
Name of Supervisor	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary	Ending Salary
Description of Work			
Reason for Leaving			

Name of Present or Last Employer		Telephone Number	
Address	City	State	Zip Code
Starting Date	Ending Date	Job Title	
Name of Supervisor	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary	Ending Salary
Description of Work			
Reason for Leaving			

Name of Present or Last Employer		Telephone Number	
Address	City	State	Zip Code
Starting Date	Ending Date	Job Title	
Name of Supervisor	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary	Ending Salary
Description of Work			
Reason for Leaving			

I hereby authorize investigation of all information concerning my previous employment, and any pertinent information such employers may have, personal and otherwise, and release all parties from all liability for any damages that may result from furnishing same to NEH. **I declare that all statements contained in this application are true and correct, and understand that false or inaccurate information will be basis for dismissal. I hereby declare that I have legal status to work in the United States. All disputes between me and HR&P are subject to final and binding arbitration under the Federal Arbitration Act and the AAA Employment Arbitration Rules and the HR&P Arbitration Plan**

<b>X</b>	DATE
APPLICANT SIGNATURE	

This application shall remain in effect for only sixty (60) calendar days. After that time, if you have not heard from NEH Holdings, Inc. and still wish to be considered for employment, it will be necessary for you to fill out a new application.

**I, having applied for employment, do hereby acknowledge and agree as follows:**

1. NEH HOLDINGS, INC. (Herein after referred to as NEH) is a staff leasing agency.
2. At all times during the performance of my duties, I agree that I am an employee of NEH as the statutory law employer and the entity of which I am performing labor services as the common law employer. This condition creates a "co-employment" relationship. I understand that I am being hired "at will" and that I will be paid by NEH for the number of hours which the Client Company submits on my behalf.
3. I agree to look solely to the Compensation Insurance coverage provided by NEH 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 NEH.
4. 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 NEH insurance coverage in the force at that time.
5. I understand that it is my responsibility to check with NEH's Human Resources Department for my next job assignment if I want to continue to be assigned to jobs. If I do not check with NEH's Human Resources Department within twenty four hours (24) after completion of my last job assignment, they may presume that I have found work elsewhere and voluntarily quit. I further agree that failure to accept my next job assignment will cause NEH to presume that I have voluntarily quit. Applicant has been informed that unemployment benefits may be denied for failure to re-contact employer upon completion of an assignment, or for failure to accept the next job assignment.
6. I further understand that it is my responsibility to inform NEH of my continued availability for my next assignment by contacting NEH no later than 4:00 p.m. on Thursday each week. I understand that if I fail to do this, NEH will presume that I am no longer available for assignment, and that I have voluntarily quit. Applicant has been informed that failure to contact employer to report availability for work as set forth in this Item 6 may cause denial of unemployment benefits.
7. I have received and read a copy of the NEH's Safety Policy and I understand it and agree to abide by all of its contents. I will also abide by any regulations of OSHA and of the entity which I have been assigned to work for. I also understand that in the event I fail to follow the any safety rules or procedures of NEH or its' clients, or perform work without first determining the safest way to do it, I will be subject to disciplinary action up to and including discharge.
8. I have received and read a copy of the NEH's Drug/Alcohol Policy and I understand it and agree to abide by all of its contents. I understand and agree that, as part of my application for employment and as a condition of continued employment, I am subject to its contents. I further understand and agree that this Drug/Alcohol Policy supercedes any similar program I may have previously acknowledged. By signing this agreement, I authorize the release of any test results pertaining to this Drug/Alcohol Policy to NEH, any of its subsidiaries, or any Client to which I may be assigned.
9. I agree that all disputes between me and NEH or between me and the client company where I work will be resolved exclusively through final and binding arbitration under the Federal Arbitration Act and administered by the American Arbitration Association under its Employment Arbitration Rules. Arbitration proceedings will be governed by the terms of the NEH Arbitration Plan in effect on the date arbitration is requested. Arbitration will be the exclusive method of resolving all disputes covered under the NEH Arbitration Plan. Claims for workers' compensation benefits, state unemployment insurance claims, claims under the NLRA and matters arising under criminal law are excluded and not subject to arbitration.
10. I understand that if I am in violation of any company policy, I am subject to termination without eligibility for rehire.
11. I have received and read a copy of the NEH's Employee Handbook and I understand it and agree to abide by all of its contents.
12. I was not forced or coerced into signing this Agreement and understand and agree to be bound by all of its items.

**Yo, habiendo solicitado empleo, comprendo y consiento a lo siguiente:**

1. NEH HOLDINGS (NEH) es una compania arrendadora de personal.
2. Siempre durante el funcionamiento de mis deberes, convengo que soy un empleado de las NEH como el patrón estatutario de la ley y la entidad de quienes estoy realizando servicios de trabajo como el patrón de la ley común. Esta condición crea una relación del "co-empleo". Entiendo que me están empleando "en la voluntad" y que las soluciones de NEH me pagará el número de las horas que el Client Company somete en mi favor.
3. Consiento en ver lo que cubre el seguro para la Recompensa de Obreros, en otras palabras Compensation Insurance que NEH provee en caso de algun incidente que suceda durante el tiempo del empleo. Tratare de obtener beneficios, por la recompensa de obreros de ningun cliente de NEH.
4. Consiento que cualquier recompensa que reciba durante el surso y duracion de mi empleo, se limitara hasta el punto que el seguro de NEH tenga en vigencia durante este tiempo.
5. Acepto y entiendo que es responsabilidad mia el consultar y verificar con NEH El Departamento de recurso humanos tocante a mi proximo trabajo si es que yodeseo continuar recibiendo trabajos. De no consultar con NEH El Departamento de recurso humanos dentro de dos (2) dias despues de finalizar su ultimo mas reciente trabajo, NEH presupondra que ya he encontrado un trabo en otra parte. Ademas, acepto y entiendo que el noaceptar mi proximo trabajo asignado causara que NEH interprete esto como una renuncia voluntaria mia. Se le informa al solicitante que se le podran negar los beneficios (prestaciones) de desempleo por no haber recontractado a la empresa (NEH) al termino del trabajo, or por no haber aceptado el siguiente trabajo asignado.
6. Ademas acepto y entiendo que es responsabilidad mia informarle a NEH tocante a mi continua disponibilidad para mi proximo trabajo contactondo a NEH a mas tardar par alas 4:00 p.m. del jueves de cada semana, en la inteligencia de que si yo falto a esta diligencia, NEH la interpretara como si yo no estuviera disponible para trabajar de Nuevo y que he renunciado voluntariamente. Se le informa al solicitante que el no cumplir con el requisito de contactar a NEH para indicar disponibilidad para trabajar, tal y como lo estipula este articulo, le otorgara a NEH el derecho a negar beneficios (prestaciones) de desempleo.
7. He leído y/o en mi poder una de los reglamentos y los procedimientos de seguridad de NEH y que me comprometo a seguir dichos lineamientos. Tambien acepto y entiendo que acatare los reglamentos de OSHA y de la entidad a la cual se me haya asignado para trabajar. Acepto y entiendo que en el case que no cumpla con los reglamentos del cliente de NEH o que desepene mi cargo sin determinar la manera segura para llevarlo a cabo, resultara en acciones discilinarinos, incluyendo mi cese o despido.
8. He leído el Programa para el Abuso de Drogas en otras palabras Substance Abuse Program y/o se me ha entregado una copia y comprendo que, como parte de mi solicitud de empleo y/o como condicion de empleo continuo, quedo sujeto al contenido del programa. Ademas, comprendo que este programa es superior a cualquier otro programa de la misma indole que anteriormente yo haya conocido. Al firmar este contrato, autorizo que sometan a mi Empresario los resultados de cualquier examen relacionado con el Programa para el Abuso de Drogas.
9. Convengo que todo disputa entre mí y NEH o entre mí y la compañía del cliente donde trabajo será resuelto exclusivamente con final y el arbitraje obligatorio bajo acto federal del arbitraje y administrado por la asociación americana del arbitraje bajo sus reglas del arbitraje del empleo. Los procedimientos del arbitraje serán gobernados por los términos del plan del arbitraje de NEH en efecto en el arbitraje de la fecha se solicitan. El arbitraje será el método exclusivo de resolver todos los conflictos cubiertos bajo plan del arbitraje de NEH. Las demandas para las ventajas de la remuneración de los trabajadores, subsidio de paro del estado demandan, las demandas bajo el NLRA y materias que se presentan bajo derecho penal se excluyen y no conforme al arbitraje.
10. Comprendo que si llegara a cometer alguna violacion en contra de las reglas de la compania estoy sujeto a perder mi trabajo sin la posibilidad de recuperarlo.
11. He recibido el libro para los empleados de NEH (NEH's Employee Handbook). Me comprometo en todos sus terminus.
12. No fui forzado, ni obligado a firmar este Contrato. Entiendo y me comprometo en todos sus terminus.

I understand that if I am employed by NEH, I may have access to, or acquire knowledge or information regarding NEH or its clients that either company considers to be confidential. I agree to keep all such matters confidential. I also understand that if employed by NEH, my employment is "at will" and will not be for any fixed period of time and may be terminated by me or NEH at any time for any reason. I have read, understand and agree to abide by this agreements contents. **I have been offered a copy of this agreement.**

EMPLOYEE SIGNATURE  
(EMPLEADO FIRMA) \_\_\_\_\_

DATE

(FECHA) \_\_\_\_\_

# Release of Records

I, the undersigned, do hereby authorize HR&P Solutions, Inc., NEH Holdings, Inc. and any of its affiliates or subsidiaries (HR&P), to examine and investigate all information concerning my previous employment, general background, military service, criminal and driving history, education, civil courts and financial data and any other information such companies, employers or institutions may have or request, personal and otherwise, and hereby release and hold harmless all parties from all liability for any damages that may result from furnishing the same to the HR&P. This release shall include all localities, counties, states, countries and other nations up to the extent allowed by law.

In the event that the information from examination of these records is utilized in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the report and a description, in writing, of your rights under the Federal Fair Credit Reporting Act.

I hereby authorize HR&P to release any and all these records to any client, customer, or agent of HR&P. I agree to indemnify and hold harmless the aforementioned parties from the release of said information.

**List the last 3 addresses you have resided at:** *(starting with the most recent)*

Address			Apt #
City	County	State	Zip Code

Address			Apt #
City	County	State	Zip Code

Address			Apt #
City	County	State	Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name - Clearly

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License or State ID Number and State

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

**COPY DL / ID IN BOX BELOW**