

# Application



Date of Application: \_\_\_\_\_ Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever worked for this company before: Yes \_\_\_\_\_ No \_\_\_\_\_ Where: \_\_\_\_\_

When: \_\_\_\_\_ Pay rate: \_\_\_\_\_ Position: \_\_\_\_\_

Are you willing to travel: \_\_\_\_\_ How far: \_\_\_\_\_ Shift desired: \_\_\_\_\_

Who or how were you referred: \_\_\_\_\_

What is your rate of pay expected: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Graduated: \_\_\_\_\_

Other training: \_\_\_\_\_ Graduated: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Last Employer: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_

Foreman: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

## PAST EMPLOYER

Company Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Pay rate: \_\_\_\_\_ Position: \_\_\_\_\_

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

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

## PAST EMPLOYER

Company Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Pay rate: \_\_\_\_\_ Position: \_\_\_\_\_

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

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

**Other skills we should know about:**

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**Certifications and or Licenses:**

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**When was the last time you used your tools?**

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**Please list all tools you have for this position:**

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## **PRESCREEN CHECKLIST**

1. Are you telephone accessible? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you have a current valid drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_

4. What job are you applying for? \_\_\_\_\_

5. What area of town are you willing to work? \_\_\_\_\_

6. Are you willing to take a drug screen according to our policy? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are you willing to complete social security verification according to our policy? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Will you release your background information inclusive of criminal background records? Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

## DIRECT DEPOSIT FORM

Direct deposit will result in the funds being available on Fridays without delay. An employee who cancels a direct deposit election will revert to the mailing, pick-up or delivery procedure. Employees should provide three weeks notice of bank account changes.

To select the direct deposit option, please fill out and return the form below. **YOU MUST PROVIDE A VOIDED CHECK if depositing into CHECKING.**

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

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Routing #: \_\_\_\_\_  
*(Required for both checking and savings)*

Phone Number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Representative: \_\_\_\_\_

**To Payroll Dept: Please process my direct deposit request. I have enclosed the proper documentation to support my direct deposit decision. I understand that canceling this direct deposit request will result in all future checks being delivered according to one of the three options listed in the paragraph above.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

## **SUBSTANCE ABUSE POLICY**

TradeCORE Services does not permit the illegal use, sale or possession of illegal or controlled substances on or off of the job. Being under the influence, in the possession of or involved in the sale of alcohol is not permitted at your job site. You may be asked at any time for any reason to submit to a drug or alcohol test. In the case of a positive result, TradeCORE Services reserves the right to discharge you from your employment. A refusal to submit to a drug or alcohol test at the time requested will be viewed as a positive result; therefore, this behavior will also be ground for termination from employment with TradeCORE Services.

As a condition of my employment, I agree that upon expecting an assignment with TradeCORE Services I affirm that I have not used illegal substances in the past 30 days.

Signed: \_\_\_\_\_

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

## RELEASE OF CRIMINAL RECORDS

I, the undersigned, do hereby authorize TradeCORE Services to examine any and all criminal records on file in the counties of the State of Wisconsin or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning any criminal history.

I understand the TradeCORE Services does not discriminate in employment opportunities based on conviction records. The Wisconsin Fair Employment Law prohibits an employer from refusing to employ a person with a criminal record unless the circumstances of the conviction substantially relate to the circumstances of the particular job. We take seriously our responsibilities under that law to protect our applicants, employees, clients and the public at large.

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Date of Release

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Signature

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Printed Name

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Drivers License Number

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Social Security Number

## AUTHORIZATION TO OBTAIN AND RELEASE MOTOR VEHICLE RECORD

I hereby authorize TradeCORE Services, Inc./DriveStaff, Inc. (all "TradeCORE") its agents and representatives (including the client company to which I am seeking assignment) to access and evaluate my Motor Vehicle Record and Driving History, and I agree to provide whatever information is required in order to facilitate access. I further understand that this information may also be obtained by an insurance broker or company representing TradeCORE Services and may include an assessment by them of my insurability. I understand that I may rescind this authorization in writing at any time.

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Name of Driver (as it appears on driver's license)

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State Driver's License Issued Driver's License Number

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Driver's Signature

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Date

## POLICIES AND PROCEDURES

### UNEMPLOYMENT INSURANCE

TradeCORE Services, Inc. follows all provisions of the Unemployment insurance Law and the policies the Department of Workforce Development has put in place to administer the Unemployment Insurance Law. TradeCORE Services, Inc. does not make decisions that determine your eligibility for Unemployment Insurance; the State of Wisconsin UI Division decides those matters. TradeCORE Services, Inc. will strive to keep you continuously employed. Should your assignment come to an end, TradeCORE Services, Inc. will try to find another assignment for you within 7 days.

Please note that TradeCORE Services, Inc. will consider you to have voluntarily quit if you do one of the following:

1. Failure to complete an assignment.
2. No call, no show on an assignment (Notification of absence should be made 1 hour prior to the start of your shift.)
3. Failure to notify TradeCORE Services, Inc. of the end of your assignment within 3 day of your last day worked.
4. Accept a job with one of our client companies.
5. Failure to keep contact with your representative at TradeCORE Services, Inc. during periods of absence (personal reasons, family emergencies, car problems, etc.). Your failure to keep TradeCORE Services, Inc informed may be considered a voluntary quit.

### Worker's Compensation Reporting

1. Report work related injuries to your job site supervisor and to the TradeCORE Services, Inc. office on the same day of the injury.
2. Within 24 hours of the injury, you are required to fill out a TradeCORE Services, Inc. accident report. Also, bring all paper work, given to you by the medical provider, to TradeCORE Services, Inc.
3. You are required to take a drug test at the time of first treatment. Your failure to take the test will be considered a voluntary quit. Also a positive result on the drug test will be grounds for termination. When taking the drug test be sure to notify the medical provider that you are a TradeCORE Services, Inc. employee and not the employee of the company you are assigned to.
4. TradeCORE Services, Inc. will make every effort to continue your employment during your healing process. TradeCORE Services, Inc. has a variety of different types of work that will meet your light duty restrictions. We will make every effort to accommodate you medical restrictions.
5. Submission of a false Worker's compensation claim or prolonging a workers compensation claim after it has healed is punishable under Wisconsin Criminal Statute, Sec.943.395 with up to 3 years imprisonment and or fines not to exceed \$10,000.

I understand that I must give a one-week notice if I am unable to complete an assignment and that if I fail to give this notice my pay will be minimum wage. I also understand that TradeCORE Services, Inc. may assign me to a client that requires a pre-employment physical, psychological testing, drug screening and or random drug screening while employed. I have read the above company policies and agree to abide by them. I certify that the information I am providing on this application is true and to the best of my knowledge and that any falsification on my application could result in termination. I authorize you to contact references and/or any past employers, which may be relevant to my application for employment.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_



## VOLUNTARY IDENTIFICATION OF PROTECTED CLASS STATUS

I am an applicant for employment with TradeCORE Services. I fall into the following protected classifications, all of which are subject to TradeCORE Services affirmative action program (check all that apply):

- I am an individual with a disability
- I am a disabled veteran
- I am a Vietnam era veteran
- I am female
- I am Native American
- I am Asian or of Pacific Island origin  
*(this category includes all applicants from the Indian sub-continent).*
- I am African American.
- I am Hispanic
- I do not fall into any protected classification

**I UNDERSTAND THAT THE INFORMATION I PROVIDED ON THIS FORM IS PROVIDED VOLUNTARILY AND THAT I WILL SUFFER NO ADVERSE CONSEQUENCES IF I CHOOSE NOT TO PROVIDE THIS INFORMATION. I ALSO UNDERSTAND THAT I AM BEING ASKED TO PROVIDE THIS INFORMATION ONLY IN CONNECTION WITH THE AFFIRMATIVE ACTION PLAN OF CUSTOM STAFFING SOLUTIONS AND THAT THIS INFORMATION WILL BE DISSEMINATED AND RELIED UPON ONLY TO THE EXTENT CONSISTENT WITH THAT AFFIRMATIVE ACTION PLAN.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ SSN# \_\_\_\_\_

## NEW EMPLOYEE ORIENTATION CHECKLIST

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_ I understand that I am expected to complete any job assignment I accept. If I do not complete the assignment then TradeCORE Services can assume I have voluntarily quit.

\_\_\_\_\_ Report to assignments in a timely manner. When your assignment ends, you must notify your recruiter immediately by phone or in person. Failure to tell your recruiter will indicate that you have quit. (“When an employee is given notice that an assignment will be available and...fails to report for an assignment, the employee is considered to have voluntarily terminated the employment,” and “A temporary help employee who fails to contact the employer at the end of an assignment voluntarily terminates the employment relationship.” State of Wisconsin, DILHR, Unemployment Compensation Directive December 27, 1994).

\_\_\_\_\_ TradeCORE contends that a drug/alcohol-free work environment is vital to the well being of all its employees. By my initials at the left, I acknowledge that I have not used any illegal substances in the past 30 days and I will not use such substances while I am a TradeCORE Services employee.

\_\_\_\_\_ If, for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact TradeCORE as soon as possible so you can call the client and/or find a replacement. My failure to do so may be grounds for dismissal and/or indicate that I have quit.

\_\_\_\_\_ If, I sustain an injury on the job, I will inform the client and TradeCORE immediately after the accident and my recruiter will coordinate with the client and myself the proper procedure for treatment and reporting of the accident.

\_\_\_\_\_ I understand and will comply with TradeCORE safety rules and regulations and hazardous communication program explained to me in TradeCORE orientation.

I have read and fully understand the above statements regarding TradeCORE policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.

\_\_\_\_\_ If, for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact TradeCORE as soon as possible so you can call the client and/or find a replacement. My failure to do so may be grounds for dismissal and/or indicate that I have quit.

I certify that I have read and understand and will abide by the above listed policies and procedures. Failure to do so may be grounds for termination and may disqualify may insurance benefits.

**Employee:** \_\_\_\_\_

**Recruiter:** \_\_\_\_\_

## CONTROL OF HAZARDOUS ENERGY (LOCKOUT/TAGOUT)

The Control of Hazardous Energy (Lockout/Tag out) Law, implemented by OSHA, attempts to insure that all production machinery is de-energized when an employee is performing services. This overview of Lockout/Tag out procedures is given to you for your safety and the safety of others. Review it carefully and always ask you job site supervisor for specific instructions regarding Lockout/Tag out. De-energizing a piece of production equipment should take place when the following occur:

- Removing or Bypassing machine guards or other safety devices, resulting in exposure to hazards at the point of operation
- Placing any part of his or her body in contact with the point of operation of the operational machine or piece of equipment
- Placing any part or his or her body into a danger zone associated with a machine operating cycle

Lockout/Tag out is always preformed before the above actions are taking place. In addition Lockout/Tag out procedures should be followed when activities such as servicing, lubricating, cleaning, or un-jamming a machine or production equipment. Again we ask that you question your job site supervisor for specific procedures at your place of work.

To signify that you have read and understand the above information please sign and date below.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## HAZARDOUS COMMUNICATIONS GUIDELINES

### Fire Safety Guidelines

1. The best way to deal with a fire is to prevent it.
2. Know where the fire alarms and extinguishers are located and how to operate them.
3. Be aware of the fire alarm protocol in the facility in which you are working.
4. In the fire situation, your first priority is life safety.
5. In the event of a fire:
  - a. remove residents/persons from immediate danger
  - b. extinguish immediately, if possible
  - c. confine-close doors
  - d. notify-activate fire alarm
6. Do not use elevators.
7. Remember “Where there is smoke, there is fire”. Do not ignore or fail to investigate the possibility of fire.
8. Time is of essence; move quickly.
9. Adhere to facility’s rules regarding smoking by residents.
10. Oxygen accidents must be prevented by adhering to the “no smoking” rule, and careful inspection of equipment.
11. Three elements or condition must be present to support the process of combustion (fire) on continuous basis. There are:
  - a. Fuel; i.e. paper, cloth, wood, grease, oil, and wiring.
  - b. Temperature of sufficient degree to ignite the fuel involved.
  - c. Oxygen in sufficient quantity to maintain combustion.

Remove one of these three elements and the process of combustion will cease. Fire extinguishing equipment aids in removal of one or more of these key elements. There are several types of fire extinguishers found within the facility. The type of fire extinguisher stationed at a particular location is predetermined by the nature of activity and contents of that area.

12. Again, the BEST way to deal with a fire is to prevent it.

## Electrical Safety Guidelines

1. Keep hands dry when using appliances or any electrical equipment.
2. Report all outlets that do not firmly hold a plug.
3. Do not step on plugs or line cords.
4. Do not remove a plug from an outlet by pulling on the line cord.
5. Do not use cords or equipment that are damaged or frayed.
6. Report all complaints of shock, even if a slight tingle is felt. Realize that small amounts of electrical current through your body are not harmful but may be sufficient to cause fibrillation if it flows through a patient's heart.
7. Report anything suspicious immediately. Unplug equipment that is giving off smoke odors, sparks or strange noises.
8. Do not touch exposed metal or conductive surfaces with one hand while touching the patient with the other (i.e.: adjusting a piece of electrical equipment with one hand while taking a radial pulse with the other hand).
9. Move electricity operated equipment with care. Electromechanical damages may occur if a device on a cart is bumped into doors or over thresholds of elevators.
10. If a patient using a batter-powered device (example: ECG monitor, telemetry, electric shaver, transistor radio) and the case is metal, avoid touching it against other metal (bed, etc.) while the patient is in contact with it.
11. Portable or mobile equipment should be plugged into the wall receptacle with the power switch off. Do not connect the patient to the device while it is plugged in and the power switch on. Remove patient connections before unplugging equipment.
12. In the presence of oxygen be especially cautious regarding equipment which may spark; the possibility of fire and/or explosion is of great concern.

## HAZARDOUS COMMUNICATIONS GUIDELINES SIGNOFF SHEET

Signature: \_\_\_\_\_

Date \_\_\_\_\_