

COMPANY NAME: _____
 Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

Synergistic Staffing Service Inc. Policy and Procedures

IT IS YOUR RESPONSIBILITY TO CALL YNERGISTIC STAFFING SERVICE INC. IN THE EVENT YOU WILL BE LATE OR UNABLE TO MAKE YOUR ASSIGNMENT. FAILURE TO DO SO MAY RESULT IN TERMINATION.

IF YOU ARE VOULUNTARILY ENDING YOUR ASSIGNMENT, YOU ARE TO GIVE SYNERGISTIC STAFFING SERVICE A 48 HR NOTICE OR YOUR HOURLY WAGE WILL BE REDUCED TO MINIMUAM WAGE FOR THE TOTAL HOURS WORKED THAT WEEK.

THERE WILL BE A ONE-TIME FEE OF 15.00 FOR ADMINISTERING YOUR DRUG SCREEN (15.00). IT WILL BE DEDUCTED OUT OF YOUR FIRST PAYCHECK ONCE YOU ARE PLACED ON AN ASSIGNMENT.

PAYDAYS ARE ON FRIDAY OF EVERY WEEK. WE ARE DOING DIRECT DEPOSIT ONLY. YOU WILL NEED A SAVINGS OR CHECKING ACCOUNT AND FILL OUT A DIRECT DEPOSIT FORM WITH YOUR BANK INFORMATION AND PROVIDE SYNERGISTIC STAFFING WITH THE INFORMATION AS SOON AS POSSIBLE. IF YOU CAN'T RECEIVE DIRECT DEPOSIT WILL CHARGE A 10.00 ADMIN FEE FOR EACH CHECK.

ASSOCIATE

SYNERGISTIC

CRIMINAL BACKGROUND CHECK

A ONE TIME FEE OF 15.00 WILL BE DEDUCTED OUT OF YOUR FIRST PAYCHECK ONCE PLACED ON AN ASSIGNMENT FOR COMPLETING A CRIMINAL BACKGROUND CHECK. THIS IS A ONE-TIME FEE.

ASSOCIATE SIGNATURE

ASSOCIATE DATE

PRE-EMPLOYMENT QUESTIONNAIRE

1. Do you have transportation? Yes _____ No _____

2. Will you be willing to submit to a Drug Test and Criminal Background check? Yes _____ No _____

3. Is there any reason that you could not perform your job responsibilities? Yes _____ No _____

If yes
explain: _____

4. Can you lift up to 50 lbs? Yes _____ No _____

5. Do you have a telephone? Yes _____ No _____

6. Have you ever been terminated from a job? Yes _____ No _____

7. Have you ever been convicted of a felony or misdemeanor? Yes _____
No _____

If yes, explain, this does not automatically disqualify for a position.

In the event of an injury while on an assignment it must be reported immediately to a supervisor and Synergistic staffing. Non-compliance will result in immediate termination.

Sign and date



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

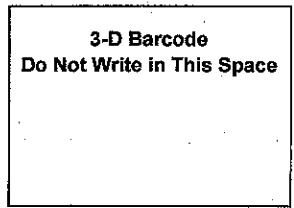
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:	Date (mm/dd/yyyy):
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Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code

