



Choice Staffing, Inc.

"MAKE THE RIGHT CHOICE."

Name of Applicant

Date

Choice Staffing, Inc. (CSI)

Application for Employment

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign the last page.
- Please print clearly.
- International travel may be required for certain positions and valid passport may be required upon hire.

CSI, prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.

1

Date: _____

Name: _____

Telephone: () _____

Address: _____

Postal Code: _____

Are you a Resident of the United States? _____

Proof will be required upon hire.

If No, are you legally entitled to work in USA? _____

Position(s) applied for: _____

Date you are available for employment: _____

Wage or salary desired: _____

Have you ever worked for CSI, Inc. before? _____ If yes, when and where?

Have you ever had security clearance? _____ If yes, briefly describe:

Have you ever been convicted of a felony? _____

2

EDUCATIONAL BACKGROUND

EDUCATIONAL BACKGROUND – relevant to the position applied for

Highest level of education completed: _____

Name of educational institute: _____

What machines or equipment have you operated which relate to the position you have applied for? _____

Are there any skills, experience, of other qualifications which you feel would assist you in performing the duties of the position you have applied for? _____

3a

List below your last three employers, starting with the most recent.

Employer's Name: _____ Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

3b

Employer's Name: _____ Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

3c

Employer's Name: _____ Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

4**If you are applying for a position that requires driving, please complete this section:**

X **Do you have a valid drivers license? License #: Expiration: State:**

Note: If you are selected for an interview, you are required to present a copy of your driving record that is not more than 4 weeks old. After being hired, a copy of this driving record will be placed into your personnel file and an annual update will be required.

5**False information given or implied on an application form is grounds for immediate dismissal without further notice.**

I hereby state that all information provided is accurate and may be verified by you. I agree that I may be discharged if CSI at any time learns of falsification or material omission in the information provided on this application form and related documents. CSI may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release CSI, its affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that CSI reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

X

Applicant Signature: _____ X Date: _____

NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.

Note: Additional personal information will be required to complete benefit forms after being hired.

Thank you for showing an interest in pursuing a career with CSI

Employment Eligibility Verification

Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 or national of the United States

A Lawful Permanent Resident (Alien #) A _____

An alien authorized to work until _____

(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2007

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

1 Type or print your first name and middle initial.		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	0
6 Additional amount, if any, you want withheld from each paycheck				6	\$ 0.00
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> ● Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and ● This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7	

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(Form is not valid unless you sign it.) ▶

Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)
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