

APPLICATION FOR EMPLOYMENT

Client Company: _____

Date: _____

PERSONAL INFORMATION

Name _____ Social Security Number _____ - _____ - _____
Last First Middle

Present Address _____
Street City State Zip

Home Telephone Number (____) _____ Cell Phone (____) _____ Date of Birth _____

Do you have the legal right to work in the U.S.? Yes No

Position Applying For _____ Shift _____

Have you ever been employed by NoveStaff? If so, when and where? _____

The NoveStaff offers equal employment opportunities regardless of sex, age, race, color, religious creed, national origin, ancestry, medical status, medical condition, physical or mental disability, pregnancy or sexual orientation.

Are you Licensed/Certified? Yes No Name of License/Certification and issuing state _____
 License/Certification Number _____ Has your License/Certification ever been revoked or suspended? Yes No
 If yes, state reasons, date of revocation or suspension and date of reinstatement. _____

Have you ever been convicted of a felony in relation to the position for which you are applying? Yes No
 If yes, state date, location and disposition of the case. _____
 (Disclosure will not necessarily bar employment.)

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Are you eligible to perform the essential functions of the position for which you are applying either with or without reasonable accommodations? _____
 If necessary, please describe what types of reasonable accommodations are needed. _____

Emergency Contact: _____
Name Address

City State Zip Telephone Relationship

PLEASE REVIEW THE FOLLOWING BEFORE SIGNING THIS APPLICATION FOR EMPLOYMENT.

I authorize any representative of The NoveStaff Group to investigate my background, including but not limited to, references, education and work history. I authorize the above and any other individual or entity that may possess information about my background to provide full disclosure without prior notice to me. I release all of the above from any and all liability for damage of any kind which may at any time result to me because of compliance with this authorization to release information.

I understand that any falsification of this or any NoveStaff document may result in failure to receive an offer or if hired, dismissal from employment. I understand that any offer may be conditional on the successful completion of medical or drug testing.

Signature of Applicant: _____ Date: _____

IMPORTANT THIS SECTION MUST BE FULLY COMPLETED BY CLIENT TO BE PROCESSED

Date of Hire: _____ Job Position Title: _____ W/C Code: _____
 Salary Rate of Pay: _____ Full Time Part Time Exempt Non-exempt
 Hourly Rate of Pay: _____ Full Time Part Time Exempt Non-exempt
 Department: _____ Shift: _____

FORMER EMPLOYERS

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

Name of Present or Last Employer: _____

Address: _____ City _____ State _____ Zip _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Weekly Starting Salary: _____ Weekly Final Salary _____ May we contact your Supervisor: _____

Name of Supervisor: _____ Title: _____ Phone: () _____

Description of Work: _____

Reason for Leaving: _____

Name of Present or Last Employer: _____

Address: _____ City _____ State _____ Zip _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Weekly Starting Salary: _____ Weekly Final Salary _____ May we contact your Supervisor: _____

Name of Supervisor: _____ Title: _____ Phone: () _____

Description of Work: _____

Reason for Leaving: _____

Name of Present or Last Employer: _____

Address: _____ City _____ State _____ Zip _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Weekly Starting Salary: _____ Weekly Final Salary _____ May we contact your Supervisor: _____

Name of Supervisor: _____ Title: _____ Phone: () _____

Description of Work: _____

Reason for Leaving: _____

References: Names of three persons you are not related to, whom you have known at least one year.

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
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