

Barbara Graves & Company LLC

Professional Recruiting and Staffing Services

Applicant Information

Date: _____

Programs, services and employment are available equally to everyone. Please inform the Barbara Graves & Company LLC representative if you require reasonable accommodation to the application or interview.

Applicant Data:

Full Name: (please print)

Other names under which you have worked

Last

First

Middle

Mailing Address:

Street

City

State

Zip

Physical Address:

(If different from mailing address)

Street

City

State

Zip

Home Phone: (____) _____ - _____

Mobile/Other: (____) _____ - _____

E-Mail Address: _____

Social Security #: ____ - ____ - ____

Type of placement you are seeking?

Temporary placement only

Direct placement only

Both

Date available to start: _____

Salary Requirement: (per hour) _____

Days you are available to work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you willing to work overtime?

Yes

No

Shifts you can work Days Evenings Midnight Rotation 12-hour

(Mark all that apply)

Do you have the legal right to work in the United States? Yes No

Check if: Over 18 Under 18

Preferred field(s) (Mark all that apply)

Office / Clerical

Accounting

Information Tech

Human Resources

Medical Office

Sales

Legal

Technical

Call Center

Marketing

Engineering

Other _____

Source of Referral

Newspaper

Other: _____

Internet

College Recruit

Referral: _____

Career Fair

Barbara Graves & Company LLC Associate's Name:

Have you ever worked for Barbara Graves & Company LLC? Yes No

If yes, when? _____

Have you ever worked for another staffing service? Yes No

If yes, what service? _____

Have you ever pled "guilty", "no contest" to or been convicted of a crime?

Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection of employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.

Driver's license number (if applicable to position): # _____ State: _____

Education:

High School Graduate?

Yes

No

GED

School name: _____

City: _____ State: _____

College/University: _____

City: _____ State: _____

Number of Years Completed: _____ Did you graduate? Yes No

Degree: _____ Major/Course Study: _____

Additional/Other Education: _____

City: _____ State: _____

Number of Years Completed: _____ Did you graduate? Yes No

Degree: _____ Major/Course Study: _____

Previous Employment (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___

Position(s) Held: _____

Company: _____ Address: _____
Street City State Zip

Phone: (___) ___ - ___ Supervisor: _____ Title: _____

Responsibilities: _____

Status: Full time Part time Temporary Seasonal

Starting Salary: _____ Title: _____

Ending Salary: _____ Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___

Position(s) Held: _____

Company: _____ Address: _____
Street City State Zip

Phone: (___) ___ - ___ Supervisor: _____ Title: _____

Responsibilities: _____

Status: Full time Part time Temporary Seasonal

Starting Salary: _____ Title: _____

Ending Salary: _____ Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___

Position(s) Held: _____

Company: _____ Address: _____
Street City State Zip

Phone: (___) ___ - ___ Supervisor: _____ Title: _____

Responsibilities: _____

Status: Full time Part time Temporary Seasonal

Starting Salary: _____ Title: _____

Ending Salary: _____ Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision.

I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

EMPLOYMENT "AT WILL"

I agree that if I am employed by Barbara Graves & Company LLC my employment shall be "at will", which means that the employment may be terminated at any time, with or without cause, by the company or me. I understand that if hired, this agreement is part of the employment arrangement between Barbara Graves & Company LLC and me, and will be binding on me. I understand that no employee or representative of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. There are no other agreements or understandings between me and the company regarding the at-will nature of any employment, whether oral or written and whether express or implied, except as expressly set forth in this paragraph. Employment is conditional until results of any tests or examinations, if required by the company, are known and until information given by you has been verified.

Signature of Applicant: _____ Date: _____

Barbara Graves & Company LLC
Professional Recruiting and Staffing Services

Memorandum of Understanding between Applicant and Barbara Graves & Company LLC

- 1) Barbara Graves & Company LLC acknowledges that all employment search or other placement fees will be paid 100% by the employer, unless agreed to in writing by the applicant.
- 2) Applicant acknowledges that good communication is critical for a successful placement and agrees to respond to Barbara Graves & Company LLC phone calls, emails, etc., as soon as possible, preferably within one hour. Applicant also agrees to attend interviews when scheduled or give sufficient notice if he/she is unable to attend the interview as scheduled.
- 3) Barbara Graves & Company LLC makes no assurances, either verbal or written, regarding any future compensation or benefits with your new employer. (If your new employer makes any promises regarding future compensation or benefits, we strongly recommend you document such promises in writing).
- 4) Applicant acknowledges that if he/she voluntarily leaves an assignment without giving a minimum of four hours advance notice, their final pay may be calculated at minimum wage and costs of background check and drug screen be deducted from final paycheck.

Applicant Name

Applicant Signature

Date

DRUG AND ALCOHOL SCREENING CONSENT

As a prospective employee of Barbara Graves & Company LLC. (“COMPANY”), I understand that the use of drugs, alcohol and other controlled substances in the workplace creates a safety concern for all employees. In the interest of creating a safe working environment, I hereby give my consent for the COMPANY to conduct the drug and alcohol tests it considers necessary as outlined in the Drug Test policy.

I authorize the COMPANY to take the necessary specimens from me to test for drugs, alcohol and other controlled substances, and I authorize laboratory or medical personnel retained by the COMPANY for these tests to release the results to the COMPANY. I release the laboratory or medical personnel conducting the drug test, the COMPANY, and the COMPANY’s employees, directors, officers and successors from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may result from these tests and I agree not to file any lawsuits or other actions to assert a claim.

AGREEMENT AND WAIVER

In consideration of my assignment to a client by the COMPANY, I agree that I am solely an employee of the COMPANY for benefits plan purposes and that I am eligible only for such benefits as the COMPANY may offer to its employees. I further understand and agree that I am not eligible for or entitled to participate in any benefit plan offered by the client, its parents, affiliates, subsidiaries, or successors to any of its direct employees, regardless of the length of my assignment to the client by the COMPANY and regardless of whether I am held to be a common-law employee of the client for any purpose, and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

CONFIDENTIALITY AGREEMENT

As a condition of my assignment by the COMPANY to a client, I hereby acknowledge and agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment at the client or that I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to the client or its operating methods and procedures that come to my attention as a result of this assignment.

Under no circumstances shall I remove copies or documents from the premises of the client.

I understand that I shall be responsible for any direct or consequential damages resulting from any violation of this agreement.

The obligations of this Agreement shall survive my employment by the COMPANY.

ASSIGNMENT OF COPYRIGHT AND PATENTS

In connection with my assignment to provide services to the client, I agree that any and all discoveries and/or inventions (which shall include improvements and modifications) relating to work I perform while providing services to the client, or relating to matters disclosed to me by the client in connection with work to be performed, or suggested by such matters, whether or not patentable, which discoveries and/or inventions are made or conceived by me, solely or jointly with others, during the term of my assignment (regardless of whether conceived or developed during work hours) or during a period of one (1) year thereafter, shall be the property of the client as "work made for hire" to the extent provided by sections 101 and 201(b) of the Copyright Act, 17 U.S.C. 101 *et seq.*, and such discoveries and/or inventions shall be promptly disclosed to the client. The client shall have the right to file and prosecute, at its own expense, all patent applications, whether U.S. or foreign on said discoveries and/or inventions. I shall, during any assignment to the client or at any time thereafter, provide to the client all documents, information, and assistance requested for the filing or prosecution of any such patent application, for the preparation, prosecution, or defense of any legal action or application pertaining to such discoveries and/or inventions and for the assignment or conveyance to the client of all right, title, and interest in and to such discoveries and/or inventions, patent applications, and letters patent issuing thereon.

Applicant Name

Applicant Signature

Date



Authorization / Release Form



I hereby authorize _____ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to _____ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release _____, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

Print Name: _____
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo./Yr.) (Street) (City) (Zip / State)

Social Security Number: _____ Date of Birth: _____

Telephone number: _____ Drivers' License Number/State: _____

Signature: _____ Date: _____

NOTICE TO CALIFORNIA APPLICANTS

Under California law, the consumer reports we order on you are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

I want to receive a free copy of any investigative consumer report requested on me by checking this box:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by ADREM during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at ADREM in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

A SUMMARY OF CONSUMER RIGHTS Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists.

If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-360-1306
Activities subject to Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051