



Registered to ISO 9001:2000
Certificate Number: 014318

APPLICATION FOR EMPLOYMENT

OPRANDI STAFFING SOLUTIONS IS AN EQUAL OPPORTUNITY EMPLOYER
STATE AND FEDERAL LAW PROHIBITS DISCRIMINATION
BASED ON AGE, SEX OR NATIONAL ORIGIN

Date: ____/____/____

INSTRUCTIONS: Please print all information. YOU MUST COMPLETE EVERY SECTION ACCURATELY. If a section does not apply to you print N/A in that space. Be sure to sign your name on the line at the end of this application. Thank you for your interest in **OPRANDI STAFFING SOLUTIONS**

Type of position you are applying for:				
Name (Last, First, Middle)			Social Security Number -----	
Street Address		City	State	Zip
Home Telephone Number	Cell Phone Number	Alternate Phone Number	Name Contact at Alt #.	
Work Telephone Number	May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	HAVE YOU EVER APPLIED WITH A TEMPORARY SERVICE? Yes <input type="checkbox"/> No <input type="checkbox"/> . If yes, please list the services where you have worked:		
In case of an emergency notify: (Name, Address, Telephone Number)			How did you hear of us?	
Are you eligible for Employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you eighteen years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary Desired?	Minimum salary acceptable?	Shifts available? 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>
Days of the week you are available to work MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/>		Available to work from: ___ AM/PM to ___ AM/PM		First Date Available? ____/____/____
Check all that apply: <input type="checkbox"/> Available for long term assignments <input type="checkbox"/> Available for short term assignments <input type="checkbox"/> Will accept same day assignments <input type="checkbox"/> Will work overtime <input type="checkbox"/> Will accept temp to hire positions Do you have a car available? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you Smoke? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a resume? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have a valid Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/> License Number: _____ State: _____		Do you have a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/> Class _____		Supplies Available <input type="checkbox"/> Hard Hat <input type="checkbox"/> Tools <input type="checkbox"/> Steel Toed Boots <input type="checkbox"/> Safety Glasses Other: _____
EDUCATION	NAME OF SCHOOL AND ADDRESS	DEGREE	YEAR GRADUATED	
High School				
College				
Business or other				

EMPLOYMENT HISTORY – PLEASE COMPLETE FULLY WITH MOST RECENT EMPLOYMENT FIRST. YOU WILL NOT BE CONSIDERED ELIGIBLE FOR HIRE UNLESS THIS SECTION IS COMPLETE INCLUDING OUT OF STATE EMPLOYMENT. PLEASE ALSO EXPLAIN ANY LAPSES IN EMPLOYMENT HISTORY.

From	To	Name of employer, address, city, state, zip	Telephone #	Supervisor/ Your Position Held	Rate of Pay	Reason for Leaving

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? Yes No

HAVE YOU BEEN RELEASED FROM PRISON WITHIN THE LAST 7 YEARS? Yes No

IF YES TO EITHER OF THE ABOVE 2 QUESTIONS, DESCRIBE IN FULL, INCLUDING DATES _____

REFERENCES: (NAME, ADDRESS, TELEPHONE NUMBER) include at least 2 individuals that can evaluate your work performance

1. _____
2. _____
3. _____
4. _____
5. _____

ADDITIONAL INFORMATION:

AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools, or persons named in this application to give any information they have regarding me whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damages for issuing information. In consideration of any employment, I agree to conform to the rules and regulations of **OPRANDI STAFFING SOLUTIONS**. My employment can be terminated at any time at the option of either the company or myself.

Signature: _____ Date: _____

RELEASE AND CONSENT FORM FOR SUBSTANCE ABUSE TESTING

Certain clients of **Oprandi Staffing Solutions** require that employees assigned to them successfully pass a substance abuse test. As a condition for consideration for assignments with certain clients of **Oprandi Staffing Solutions**, I, _____, voluntarily authorize any laboratory designated by **Oprandi Staffing Solutions** or its clients to conduct a test or tests for the purpose of determining the presence of drugs or alcohol in my system.

I consent to the release by the laboratory designated by **Oprandi Staffing Solutions** or its clients of the results of the drug and alcohol test or tests to **Oprandi Staffing Solutions**.

I hereby release and forever discharge **Oprandi Staffing Solutions**, its clients, the laboratory, and the agents and employees of them, of and from any and all lawsuits, proceedings, claims, or causes of action arising from the test or tests, and from any action or inaction of **Oprandi Staffing Solutions** or its clients based on the results of the testing.

I understand the meaning of this release and consent form, and I have had the opportunity to raise any questions about it before signing it. My signature below is completely voluntary, without coercion or duress of any kind, and I am signing this release and consent form as a condition for consideration of assignments with **Oprandi Staffing Solutions** clients. It is our policy to reject all injury claims in which a positive post accident drug screen has resulted.

Signature _____ Date: _____

AGREED UPON CONDITIONS OF EMPLOYMENT

I understand that employment by OPRANDI STAFFING SOLUTIONS is at will, meaning that either I or OPRANDI STAFFING SOLUTIONS can terminate the employment relationship at any time for any lawful reason with or without notice. I acknowledge that any false, incomplete, or misleading information that I provided on this application form, in a resume, or in a pre-employment interview will be grounds to deny my application or, if discovered later for my immediate dismissal from employment.

I agree to and will submit an authorized timesheet for all hours worked on assignments and will notify **OPRANDI STAFFING SOLUTIONS** upon completion of each assignment. In consideration for my employment by **OPRANDI STAFFING SOLUTIONS**, I agree that during my assignment by **OPRANDI STAFFING SOLUTIONS** and for a period of 180 days following the completion of my last assignment through **OPRANDI STAFFING SOLUTIONS**, I will not (1) accept employment by, or perform services for, any client of **OPRANDI STAFFING SOLUTIONS** to whom I have been assigned by **OPRANDI STAFFING SOLUTIONS** without prior written consent of **OPRANDI STAFFING SOLUTIONS**, or (2) accept any temporary assignment while on the payroll of any other staffing company at any such client, without prior written consent of **OPRANDI STAFFING SOLUTIONS**. In consideration for my assignment at **OPRANDI STAFFING SOLUTIONS** clients, I agree that I am solely an employee of **OPRANDI STAFFING SOLUTIONS** for benefits plan purposes and that I am eligible only for such employee benefits as **OPRANDI STAFFING SOLUTIONS** may offer to its employees. I understand and agree that I am not eligible for or entitled to benefits provided by clients to any of their direct employees, regardless of the length of my assignment to clients by **OPRANDI STAFFING SOLUTIONS** and regardless of whether I am found to be a common law employee of **OPRANDI STAFFING SOLUTIONS** clients for any purpose. Therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have to such benefits and agree not to make any claim for such benefit.

Agreement Not to Disclose Confidential Information

In the event I am hired by **OPRANDI STAFFING SOLUTIONS**, except as authorized by any client to which I am assigned, I will not disclose, use, or take directly or indirectly, either during or after my assignment, any property of the client or confidential or proprietary information concerning the client and/or its business. I also agree to deliver promptly to the client (on request or on the date of termination of my assignment) all documents, copies thereof, and other material relating to any confidential or proprietary information that are the property of the client.

For office use only: Name (L, F): _____

S.S.#: _____

Date: _____

IA Date: _____

Indemnification

I agree to indemnify and hold **OPRANDI STAFFING SOLUTIONS** harmless of and from any losses, judgments, liabilities, or costs (including reasonable attorneys' fees) that **OPRANDI STAFFING SOLUTIONS** incurs as a direct result of any act, statement, error, omission, conduct, or fault of myself.

If I do not complete any assignment (except for **OPRANDI STAFFING SOLUTIONS** cancellation for reasons unrelated to my performance), I shall indemnify and hold **OPRANDI STAFFING SOLUTIONS** harmless for all losses, liabilities, and expenses Oprandi Staffing Solutions may incur, including, lost fees, commissions, or attorneys' fees, or other compensation as a result of such non-completion.

The following procedures are to be followed by all OPRANDI STAFFING SOLUTIONS Employees:

1. Call on Monday between the hours of 8 a.m. and 5 p.m. to let the Oprandi Office know of your availability for the week.
2. If you are going to be absent from work, you must contact the Oprandi Office at least 2 hours before your scheduled start time.
3. Our attendance policy is a point system. Every tardy and/or unexcused absence is equal to 1 point. After receiving 1 point, you will be given a verbal warning that will be noted in your file. After 2 points, you will be given a written warning. After 3 points your employment with **OPRANDI STAFFING SOLUTIONS** will be terminated. You may be required to bring a doctor's excuse for any or all absences. If you fail to report for work or call in for 2 consecutive days, it is company policy that this absence will be taken as a voluntary quit or job abandonment.
4. Failure to report to an assignment or failure to complete an assignment specified to you will be considered a voluntary quit.
5. The office hours are 8 a.m. to 5 p.m. Monday, Tuesday, Wednesday and Friday and 8 a.m. to 6 p.m. on Thursdays. You may leave a message on the company's automated message system at (740) 345-9783 or (800) 345-4120 during hours the office is not open.
6. You must supply your own transportation to and from the work site.
7. If the assignment you are placed on requires an **OPRANDI STAFFING SOLUTIONS** time card, you must submit a completed and signed time card into the Oprandi Office not later than 1pm on Tuesday of every week. The time card must be signed by your supervisor at the job site unless you are instructed to use a company group time sheet.
8. Falsification of any document (time card, application, etc.) will be grounds for immediate dismissal.

Upon Completion of an assignment.

"I understand and agree that I must contact/inquire for work with **OPRANDI STAFFING SOLUTIONS** for available work upon the conclusion of each work assignment as a condition of my employment. If suitable work assignments are available with **OPRANDI STAFFING SOLUTIONS**, upon conclusion of a work assignment and I fail to inquire about another work assignment, I may not be eligible for unemployment benefits (ORC4141.29(A)(5))."

I HAVE READ AND FULLY UNDERSTAND THE ABOVE REQUIREMENTS FOR WORK WITH THIS COMPANY. I ALSO UNDERSTAND THAT ANY MISREPRESENTATION ON ANY COMPANY DOCUMENTS WILL LEAD TO IMMEDIATE DISMISSAL.

SIGNATURE: _____

DATE: _____

For office use only:

EmpAct checklist

Master _____	Application _____
Availability _____	Education _____
Past Employers _____	Skills _____
Scores N/A _____	Interviewed _____
Inter. Summary _____	Payroll _____
Resume added N/A _____	

Other

I-9, W4, etc separated _____

Reference Info Sep. _____

Criminal Check Completed and entered into eEmpAct _____

Reference Check Sent out _____

Date ___/___/___